

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90029 028 \*\*\*138.75

**DOCUMENT # L05000053587**

1. Entity Name

ISLAND SHUTTERS, LLC



Principal Place of Business

1199 S. PATRICK DR.  
SATELLITE BEACH, FL 32937

Mailing Address

1668 ARBOR DRIVE  
MELBOURNE, FL 32935

**DO NOT WRITE IN THIS SPACE**



04252008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number

42-1706840

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

DI PRIMA, SHERI  
1668 ARBOR DRIVE  
MELBOURNE, FL 32935

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CALLAWAY, MICHAEL
STREET ADDRESS	1668 ARBOR DRIVE
CITY-ST-ZIP	MELBOURNE, FL 32935
TITLE	MGRM
NAME	DI PRIMA, SHERI
STREET ADDRESS	1668 ARBOR DRIVE
CITY-ST-ZIP	MELBOURNE, FL 32935
TITLE	MGRM
NAME	DI PRIMA, ROSEANN
STREET ADDRESS	1199 S. PATRICK DRIVE
CITY-ST-ZIP	SATELLITE BEACH, FL 32937
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Sheri Di Prima*  
Sheri Di Prima

4/26/08

(321) 426-6985