

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000053587

FILED  
Apr 24, 2009  
Secretary of State

Entity Name: ISLAND SHUTTERS, LLC

**Current Principal Place of Business:**

1199 S. PATRICK DR.  
SATELLITE BEACH, FL 32937

**New Principal Place of Business:**

**Current Mailing Address:**

1668 ARBOR DRIVE  
MELBOURNE, FL 32935

**New Mailing Address:**

FEI Number: 42-1706840

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DI PRIMA, SHERI  
1668 ARBOR DRIVE  
MELBOURNE, FL 32935 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CALLAWAY, MICHAEL  
Address: 1668 ARBOR DRIVE  
City-St-Zip: MELBOURNE, FL 32935

Title: MGRM ( ) Delete  
Name: DI PRIMA, SHERI  
Address: 1668 ARBOR DRIVE  
City-St-Zip: MELBOURNE, FL 32935

Title: MGRM ( ) Delete  
Name: DI PRIMA, ROSEANN  
Address: 1199 S. PATRICK DRIVE  
City-St-Zip: SATELLITE BEACH, FL 32937

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SHERI DIPRIMA

MGRM

04/24/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date