

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000060230

FILED
Apr 30, 2008
Secretary of State

Entity Name: APEX STORM AND SECURITY SHUTTERS OF FLORIDA, LLC

Current Principal Place of Business:

9187 PINION DRIVE
LAKE WORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

9187 PINION DRIVE
LAKE WORTH, FL 33467

New Mailing Address:

FEI Number: 13-4301048

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASTRO, SAUL
835 CAROLINE AVENUE
WEST PALM BEACH, FL 33413 US

Name and Address of New Registered Agent:

CASTRO, SAUL
9187 PINION DRIVE
LAKE WORTH, FL 33467 US

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:

04/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: CASTRO, SAUL
Address: 835 CAROLINE AVENUE
City-St-Zip: WEST PALM BEACH, FL 33413

Title: V () Delete
Name: CALDERON, OBED
Address: 835 CAROLINE AVENUE
City-St-Zip: WEST PALM BEACH, FL 33413

Title: ST () Delete
Name: CALDERON DE CASTRO, NYLSA
Address: 835 CAROLINE AVENUE
City-St-Zip: WEST PALM BEACH, FL 33413

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: CASTRO, SAUL
Address: 9187 PINION DRIVE
City-St-Zip: LAKE WORTH, FL 33467

Title: V (X) Change () Addition
Name: CALDERON, OBED
Address: 1313 PERKINS ROAD
City-St-Zip: ORLANDO, FL 32809

Title: ST (X) Change () Addition
Name: CALDERON DE CASTRO, NYLSA
Address: 9187 PINION DRIVE
City-St-Zip: LAKE WORTH, FL 33467

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: NYLSA CALDERON DE CASTRO

ST

04/30/2008

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