

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000060230

FILED
May 11, 2009
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 ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

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

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

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

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: NYLSA CALDERON DE CASTRO

ST

05/11/2009

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