

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000088436

FILED
Apr 24, 2007
Secretary of State

Entity Name: GOLD COAST SHUTTERS L.L.C.

Current Principal Place of Business:

5800 NW 64TH AVENUE
TAMARAC, FL 33319

New Principal Place of Business:

Current Mailing Address:

5800 NW 64TH AVENUE
TAMARAC, FL 33319

New Mailing Address:

FEI Number: 26-0126315 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:

Name and Address of New Registered Agent:

JEMINI, DAVID
5800 NW 64TH AVENUE
TAMARAC, FL 33319 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: DAVID JEMINI

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: JEMINI, DAVID
Address: 5800 NW 64TH AVENUE
City-St-Zip: TAMARAC, FL 33319

Title: MGRM (X) Delete
Name: HIRSCH, MARC
Address: 5800 NW 64TH AVENUE
City-St-Zip: TAMARAC, FL 33319

Title: MGRM (X) Delete
Name: GELLERT, ANDREA
Address: 5800 NW 64TH AVENUE
City-St-Zip: TAMARAC, FL 33319

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 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: DAVID JEMINI

MGR

04/24/2007

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