

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000092477

**FILED**  
**Jan 10, 2010**  
**Secretary of State**

**Entity Name:** MY HURRICANE SHUTTERS LLC

**Current Principal Place of Business:**

7590 TARPON COVE  
LAKE WORTH, FL 33467

**New Principal Place of Business:**

5199 1ST ROAD  
LAKE WORTH, FL 33467

**Current Mailing Address:**

7590 TARPON COVE  
LAKE WORTH, FL 33467

**New Mailing Address:**

5199 1ST ROAD  
LAKE WORTH, FL 33467

**FEI Number:** 20-3494112

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HILL, MELANIE A  
7590 TARPON COVE CIRCLE  
LAKE WORTH, FL 33467 US

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

HILL, MELANIE A  
5199 1ST ROAD  
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: MELANIE A. HILL

01/10/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P  
Name: HILL, WILLIAM F  
Address: 5199 1ST ROAD  
City-St-Zip: LAKE WORTH, FL 33467

Title: P  
Name: HILL, MELANIE A  
Address: 5199 1ST ROAD  
City-St-Zip: LAKE WORTH, FL 33467

I hereby 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: WILLIAM F. HILL

P

01/10/2010

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