

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000108301

**FILED**  
**Apr 26, 2010**  
**Secretary of State**

**Entity Name:** STORM SHUTTER DEPOT, L.L.C.

**Current Principal Place of Business:**

5302 56TH COMMERCE PARK BLVD.  
TAMPA, FL 33610

**New Principal Place of Business:**

**Current Mailing Address:**

5302 56TH COMMERCE PARK BLVD.  
TAMPA, FL 33610

**New Mailing Address:**

**FEI Number:** 83-0440318

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEE, WAYNE  
5302 56TH COMMERCE PARK BLVD.  
TAMPA, FL 33610 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:** MGR  
**Name:** LEE, WAYNE  
**Address:** 16907 HAWKRIDGE RD.  
**City-St-Zip:** TAMPA, FL 33547

**Title:** MGR  
**Name:** LEE, MYLENE  
**Address:** 16907 HAWKRIDGE RD.  
**City-St-Zip:** TAMPA, FL 33547

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:** WAYNE LEE

MR

04/26/2010

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