

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000108301

**FILED**  
**Apr 30, 2011**  
**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:**

16907 HAWKRIDGE ROAD  
LITHIA, FL 33547 US

**Current Mailing Address:**

5302 56TH COMMERCE PARK BLVD.  
TAMPA, FL 33610

**New Mailing Address:**

16907 HAWKRIDGE ROAD  
LITHIA, FL 33547 US

**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:**

LEE, WAYNE  
5302 56TH COMMERCE PARK BLVD.  
LITHIA, FL 33547 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: WAYNE LEE

04/30/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

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

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

MGR

04/30/2011

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