2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

7/31

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FILED
Sep 06, 2006 8:00 am
Secretary of State
07-31-2006 90145 014 ****50.00

DOCUMENT # L05000117066

1. Entity Name
MODERN HURRICANE SHUTTERS, LLC

Principal Place of Business	Mailing Address
1372 BENNETT DRIVE SUITE 124 LONGWOOD FL 32750	1372 BENNETT DRIVE SUITE 124 LONGWOOD FL 32750

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2nd MOORE CR2E083 (4/06)

2. Principal Place of Business	3. Mailing Address
1372 BENNETT DR	1372 BENNETT DR
Suite, Apt. #, etc. STE 124	Suite, Apt. #, etc. STE 124
City & State LONGWOOD FL	City & State LONGWOOD FL
Zip / Country 32750 / USA	Zip / Country 32750 / USA

4. FEI Number
20-4033604
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, LUIS
1372 BENNETT DRIVE
SUITE 124
LONGWOOD FL 32750

7. Name and Address of New Registered Agent

Name: LUIS RODRIGUEZ
Street Address (P.O. Box Number is Not Acceptable): 1372 BENNETT DR STE 124
City: LONGWOOD FL Zip Code: 32750

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 8/7/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 6, 2006

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM RODRIGUEZ, LUIS 1372 BENNETT DRIVE, SUITE 124 LONGWOOD FL 32750 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM RODRIGUEZ, ROLANDO 1372 BENNETT DRIVE, SUITE 124 LONGWOOD FL 32750 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SUMNER, TROY 1372 BENNETT DRIVE, SUITE 124 LONGWOOD FL 32750 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____ 7/24/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #