



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 10, 2006 8:00 am
Secretary of State

07-10-2006 90102 037 ****50.00

| | | | | | |
|--|------------------------|---------------------------------|---|---|---------|
| DOCUMENT # L05000120486 1. Entity Name EHURRICANESHUTTERS.COM LLC | | | |  | |
| Principal Place of Business 1212 NORTH 39TH STREET TAMPA, FL 33605 US | | | Mailing Address 1212 NORTH 39TH STREET TAMPA, FL 33605 US | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | Zip | | Country |
| 6. Name and Address of Current Registered Agent ADAMS, JONI M 1212 NORTH 39TH STREET TAMPA, FL 33605 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | |
| Filing Fee is \$50.00 Due by September 6, 2006 | | | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE | MGRM | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BUCK, JOHN | | NAME | | |
| STREET ADDRESS | 8617 SW 80TH COURT | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33143 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | ADAMS, WILLIAM D | | NAME | | |
| STREET ADDRESS | 1212 NORTH 39TH STREET | | STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA, FL 33605 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | ADAMS, JONI | | NAME | | |
| STREET ADDRESS | 1212 NORTH 39TH STREET | | STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA, FL 33605 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 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:  | | | 6/30/06 813-241-4515 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | Date Daytime Phone # | | |