

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000006114

FILED
Apr 16, 2009
Secretary of State

Entity Name: FORTIFIED WALL SYSTEMS, LLC

Current Principal Place of Business:

1461 HWY 98 WEST
MARY ESTHER, FL 32569

New Principal Place of Business:

Current Mailing Address:

PO BOX 398
MARY ESTHER, FL 32569

New Mailing Address:

FEI Number: 04-3840513

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMMONS, WINNIE S
329 VICTORIA AVE NW
FORT WALTON BEACH, FL 32548 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: MGRM () Delete
Name: MURO, MARK M
Address: 1461 HWY 98 WEST
City-St-Zip: MARY ESTHER, FL 32569

Title: SEC () Delete
Name: SIMMONS, WINNIE S MRS
Address: 329 VICTORIA AVE NW
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: TRE (X) Delete
Name: SIMMONS, MARK D
Address: 329 VICTORIA AVE NW
City-St-Zip: FORT WALTON BEACH, FL 32548

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: WINNIE SIMMONS

SEC

04/16/2009

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