

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000011698

**FILED**  
**Apr 28, 2009**  
**Secretary of State**

**Entity Name:** PROTECTIVE SHUTTERS MANUFACTURING COMPANY, LLC

**Current Principal Place of Business:**

5712 SW 25 STREET, BAY #2  
HOLLYWOOD, FL 33023

**New Principal Place of Business:**

5900 SW 25 ST  
HOLLYWOOD, FL 33023 US

**Current Mailing Address:**

7750 NW 5 ST  
PEMBROKE PINES, FL 33024

**New Mailing Address:**

7750 NW 5 ST  
PEMBROKE PINES, FL 33024 US

**FEI Number:** 74-3160460

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TORRES, GUSTAVO  
5712 SW 25 STREET, BAY #2  
HOLLYWOOD, FL 33023 US

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

TORRES, GUSTAVO  
5900 SW 25 ST  
HOLLYWOOD, FL 33023 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:

04/28/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: TORRES, GUSTAVO  
Address: 5712 SW 25 STREET, BAY #2  
City-St-Zip: HOLLYWOOD, FL 33023

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: TORRES, GUSTAVO  
Address: 5900 SW 25 ST  
City-St-Zip: HOLLYWOOD, FL 33023 US

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: GUSTAVO TORRES

MGR

04/28/2009

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