

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000019581

**FILED**  
**Mar 21, 2009**  
**Secretary of State**

**Entity Name:** HALVORSON CUSTOM SHUTTERS, LLC

**Current Principal Place of Business:**

423 SW 39TH TER  
CAPE CORAL, FL 33914

**New Principal Place of Business:**

**Current Mailing Address:**

423 SW 39TH TER  
CAPE CORAL, FL 33914

**New Mailing Address:**

**FEI Number:** 71-0995872      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

HALVORSON, ROBERT EARL  
423 SW 39TH TER  
CAPE CORAL, FL 33914      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: HALVORSON, ROBERT EARL  
Address: 423 SW 39TH TER  
City-St-Zip: CAPE CORAL, FL 33914

Title: MGRM ( ) Delete  
Name: HALVORSON, CLARA L  
Address: 423 SW 39TH TER  
City-St-Zip: CAPE CORAL, FL 33914

**ADDITIONS/CHANGES:**

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: ROBERT E HALVORSON

MGRM

03/21/2009

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