


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2008 8:00 am
Secretary of State

01-10-2008 90019 022 ***138.75

DOCUMENT # L06000029602	
1. Entity Name FIREHOUSE SHUTTERS LLC	

Principal Place of Business 4822 SW 75 AVENUE MIAMI, FL 33155	Mailing Address 4822 SW 75 AVENUE MIAMI, FL 33155
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2. Principal Place of Business - No P.O. Box # 13615 S. DIXIE HWY	3. Mailing Address 13615 S. DIXIE HWY
Suite, Apt. #, etc. Suite # 438	Suite, Apt. #, etc. Suite # 438
City & State MIAMI, Florida	City & State MIAMI, Florida
Zip 33176	Country U.S.A.

60000655



01082008 Chg-LLC CR2E083 (12/06)

4. FEI Number 56-2587105	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent AYALA, RONALD H PRES. 13615 S. DIXIE HIGHWAY, #438 MIAMI, FL 33176	7. Name and Address of New Registered Agent Name Ronald H. Ayala Street Address (P.O. Box Number is Not Acceptable) 13615 S. DIXIE HWY #438 City MIAMI FL Zip Code 33176
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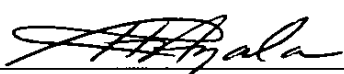
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 	DATE 01/08/2008
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FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AYALA, RONALD H 13615 S. DIXIE HIGHWAY, #438 MIAMI, FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	Date 01/08/2008	Daytime Phone # (305) 265-1563
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