

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000043791

FILED
Apr 27, 2008
Secretary of State

Entity Name: COAST TO COAST BLINDS AND SHUTTERS, LLC

Current Principal Place of Business:

10933 N. 56TH STREET
TEMPLE TERRACE, FL 33617

New Principal Place of Business:

Current Mailing Address:

1619 N RIVERHILLS DRIVE
TEMPLE TERRACE, FL 33617

New Mailing Address:

FEI Number: 84-1709378

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LITTLEJOHN, ROGER A
1619 N RIVERHILLS DRIVE
TEMPLE TERRACE, FL 33617 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: PRES () Delete
Name: LITTLEJOHN, ROGER A
Address: 1619 N. RIVERHILLS DRIVE
City-St-Zip: TEMPLE TERRACE, FL 33617 US

Title: MM () Delete
Name: YOUNG, STEPHEN C
Address: 11840 PROVINCETOWNE DRIVE
City-St-Zip: CHARLOTTE, NC 28277 US

Title: MM () Delete
Name: LITTLEJOHN, JASON A
Address: 11724-D RAINTREE LAKE LANE
City-St-Zip: TEMPLE TERRACE, FL 33617 US

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: ROGER A. LITTLEJOHN

PRES

04/27/2008

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