2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000059131

1. Entity Name
HURRICANE SHUTTER SOLUTIONS LLC

Principal Place of Business	Mailing Address
2915 E. PARK AVENUE, SUITE 4	2915 E. PARK AVENUE, SUITE 4
TALLAHASSEE, FL 32303	TALLAHASSEE, FL 32303

DO NOT WRITE IN THIS SPACE

FILED
08 MAY -1 PM 2: 12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05012008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
06-1781199	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MAYER, JERRY
1510-2 CAPITOL CIRCLE S.E.
TALLAHASSEE, FL 32301

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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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9.	MANAGING MEMBERS / MANAGERS
TITLE	MGRM
NAME	POOLE, ANDREW J
STREET ADDRESS	181 FALLWOOD LANE
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327
TITLE	MGRM
NAME	MAYER, JERRY
STREET ADDRESS	121 NORTH MONROE, #6002
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	MGRM
NAME	ALEXANDER, DENNY
STREET ADDRESS	9790 EDEN HALL CIRCLE
CITY-ST-ZIP	TALLAHASSEE, FL 32309
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

800128004078
05/01/08--01008--019 **138.75

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IN THIS SPACE

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: _____   5/1/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #