

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000075129

FILED  
Apr 14, 2009  
Secretary of State

**Entity Name:** EXTREME IMPACT SHUTTERS, LLC

**Current Principal Place of Business:**

6855 WOODMERE ROAD  
SEBASTIAN, FL 32958 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 781510  
SEBASTIAN, FL 329781510 US

**New Mailing Address:**

**FEI Number:** 20-5304376

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SANFORD, CHARLES H ESQ.  
3003 CARDINAL DRIVE  
SUITE B  
VERO BEACH, FL 32963 US

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

SCHROEDER, WILLIAM W  
6855 WOODMERE ROAD  
SEBASTIAN, FL 32958 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: WILLIAM WAYNE SCHROEDER

04/14/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SCHROEDER, WILLIAM W  
Address: 500 SUNDANCE TRAIL  
City-St-Zip: VERO BEACH, FL 32963 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SCHROEDER, WILLIAM W  
Address: 6855 WOODMERE ROAD  
City-St-Zip: SEBASTIAN, F 32958

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: WILLIAM WAYNE SCHROEDER

P

04/14/2009

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