2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# L07000003022

Entity Name: ARMORDILLO STORM SHELTERS LLC

Current Principal Place of Business:

8632 115TH AVE. NORTH
LARGO, FL 33773 US

New Principal Place of Business:

Current Mailing Address:

8632 115TH AVE. NORTH
LARGO, FL 33773 US

New Mailing Address:

FEI Number: 20-8196618 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARRISON, CHRISTINE M
8632 115TH AVE. NORTH
LARGO, FL 33773 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:	BLUETT, KENNETH R	
Address:	8084 SOMERSET DRIVE	
City-St-Zip:	LARGO, FL 33773 US	
Title:	MGRM	( ) Delete
Name:	BLUETT, MARK R	
Address:	14491 MARK DRIVE	
City-St-Zip:	LARGO, FL 33774 US	
Title:	MGRM	( ) Delete
Name:	ARRISON, CHRISTINE M	
Address:	8126 SOMERSET DRIVE	
City-St-Zip:	LARGO, FL 33773 US	
Title:	MGRM	( ) Delete
Name:	BLUETT, MITCHELL A	
Address:	14543 MAPLEWOOD DRIVE	
City-St-Zip:	LARGO, FL 33774 US	
Title:	MGRM	( ) Delete
Name:	BLUETT, TIMOTHY M	
Address:	6201 86TH AVE. NORTH	
City-St-Zip:	PINELLAS PARK, FL 33782 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:	
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: CHRISTINE ARRISON MA 04/29/2008

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