

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000032049

FILED
Apr 14, 2009
Secretary of State

Entity Name: SKY SHADES FRANCHISE DEVELOPMENT, LLC

Current Principal Place of Business:

407 WEKIVA SPRINGS ROAD, SUITE 205
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

407 WEKIVA SPRINGS ROAD, SUITE 205
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 20-8716248

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROOKS, MARVIN E
1999 WEST COLONIAL DRIVE
ORLANDO, FL 32804 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: MCKENNA, JOSEPH M III
Address: 407 WEKIVA SPRINGS ROAD, SUITE 205
City-St-Zip: LONGWOOD, FL 32779

Title: MGRM () Delete
Name: MARANTA, BARRY D
Address: 407 WEKIVA SPRINGS ROAD, SUITE 205
City-St-Zip: LONGWOOD, FL 32779

Title: MGRM () Delete
Name: NORMAN, GREGORY
Address: 501 NORTH A1A
City-St-Zip: JUPITER, FL 33477

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: JOSEPH MCKENNA

VP

04/14/2009

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