

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000055467

FILED
May 01, 2009
Secretary of State

Entity Name: CAT 5 STORM SHUTTERS OF PANAMA CITY, LLC

Current Principal Place of Business:

1509 HICKORY AVE
PANAMA CITY, FL 32401

New Principal Place of Business:

1509 HICKORY AVE
PANAMA CITY, FL 32405

Current Mailing Address:

1509 HICKORY AVE
PANAMA CITY, FL 32401

New Mailing Address:

1509 HICKORY AVE
PANAMA CITY, FL 32405

FEI Number: 26-0235966 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

VICKY, MOODY
1509 HICKORY AVE
PANAMA CITY, FL 32401 US

Name and Address of New Registered Agent:

VICKY, MOODY
1509 HICKORY AVE
PANAMA CITY, FL 32405 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: VICKY MOODY

05/01/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ALAN, DONALSON
Address: 418 HIDDEN ISLAND DR
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: MGR () Delete
Name: MARK, MOODY
Address: 425 HIDDEN ISLAND DR
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: MGR () Delete
Name: TIMOTHY, JOHNSON
Address: 16226 SANDSTONE RD
City-St-Zip: FOUNTAIN, FL 32348

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: MARK MOODY

MGR

05/01/2009

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