

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000119320

FILED  
Mar 18, 2008  
Secretary of State

Entity Name: SKYSHADES OF SOUTHWEST FLORIDA, LLC

**Current Principal Place of Business:**

21810 PALMETTO DUNES DRIVE  
UNIT 201  
ESTERO, FL 33928

**New Principal Place of Business:**

**Current Mailing Address:**

21810 PALMETTO DUNES DRIVE  
UNIT 201  
ESTERO, FL 33928

**New Mailing Address:**

P.O. BOX 929  
ESTERO, FL 33928

FEI Number: 26-1486613

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GARLICK, THOMAS B  
5551 RIDGEWOOD DRIVE  
SUITE 101  
NAPLES, FL FL 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: MGR ( ) Delete  
Name: CAMPION, DALE  
Address: 21810 PALMETTO DUNES DRIVE, UNIT 201  
City-St-Zip: ESTERO, FL 33928

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: PRES (X) Change ( ) Addition  
Name: CAMPION, DALE  
Address: 21810 PALMETTO DUNES DRIVE, UNIT 201  
City-St-Zip: ESTERO, FL 33928 US

Title: VP ( ) Change (X) Addition  
Name: CAMPION, CATHERINE W  
Address: 21810 PALMETTO DUNES DR. UNIT 201  
City-St-Zip: ESTERO, FL 33928 US

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: DALE CAMPION

PRES

03/18/2008

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