

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000119320

FILED
Apr 13, 2009
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:

P.O. BOX 929
ESTERO, FL 33928

New Mailing Address:

P.O. BOX 929
ESTERO, FL 33929

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

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

ADDITIONS/CHANGES:

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: DALE CAMPION

PRES

04/13/2009

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