

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000124598

FILED
May 22, 2009
Secretary of State

Entity Name: HIGH IMPACT HURRICANE PROTECTION, LLC

Current Principal Place of Business:

329 LUTHER FOUNTAIN RD.
MONTICELLO, FL 32344 US

New Principal Place of Business:

Current Mailing Address:

329 LUTHER FOUNTAIN RD.
MONTICELLO, FL 32344 US

New Mailing Address:

FEI Number: 46-0512097 **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:

OSGOOD, CHARLES
329 LUTHER FOUNTAIN RD
MONTICELLO, FL 32344 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: OSGOOD, CHARLES
Address: 329 LUTHER FOUNTAIN RD.
City-St-Zip: MONTICELLO, FL 32344 US

Title: MGRM () Delete
Name: OSGOOD, TAMMIE
Address: 329 LUTHER FOUNTAIN RD.
City-St-Zip: MONTICELLO, FL 32344 US

Title: MGR () Delete
Name: OSGOOD, CHARLES M
Address: 7270 NW 5 CT
City-St-Zip: PLANTATION, FL 33313

Title: MGRM () Delete
Name: SMYTHE, ALBERT E
Address: 2522 PALMETTO TERR.
City-St-Zip: CARRABELLE, FL 32322 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:

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: CHARLES R. OSGOOD

MGR

05/22/2009

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