

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000112009

**FILED**  
**Apr 28, 2010**  
**Secretary of State**

**Entity Name:** COASTAL STATES SHUTTERS, LLC

**Current Principal Place of Business:**

151 REGIONS WAY  
4A  
DESTIN, FL 32541

**New Principal Place of Business:**

4495 LEGENDARY DRIVE  
DESTIN, FL 32541

**Current Mailing Address:**

4721 AMHURST CIRCLE  
DESTIN, FL 32541

**New Mailing Address:**

**FEI Number:** 26-3852102

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MARK A. VIOLETTE, P.A.  
4481 LEGENDARY DRIVE  
200  
DESTIN, FL 32541 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  
**Name:** TAYLOR, JUANITA  
**Address:** 728 KELLY STREET  
**City-St-Zip:** DESTIN, FL 32541

**Title:** MGRM  
**Name:** COASTAL STATES CONTRACTORS, INC.  
**Address:** 4721 AMHURST CIRCLE  
**City-St-Zip:** DESTIN, FL 32541

I hereby 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:** COASTAL STATES CONTRACTORS, INC.

M

04/28/2010

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