

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000112009

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

4495 LEGENDARY DRIVE  
DESTIN, FL 32541

**New Principal Place of Business:**

12671 EMERALD COAST PARKWAY  
212  
DESTIN, FL 32550

**Current Mailing Address:**

4721 AMHURST CIRCLE  
DESTIN, FL 32541

**New Mailing Address:**

12671 EMERALD COAST PARKWAY  
212  
DESTIN, FL 32550

**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:**

MARK A. VIOLETTE, P.A.  
4405 COMMONS DRIVE EAST  
102  
DESTIN, FL 32541 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: \_\_\_\_\_

04/19/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: TAYLOR, JUANITA  
Address: 4719 AMHURST CIRCLE  
City-St-Zip: DESTIN, FL 32541

Title: MGRM  
Name: COASTAL STATES CONTRACTORS, INC.  
Address: 12671 EMERALD COAST PARKWAY, UNIT 212  
City-St-Zip: DESTIN, FL 32550

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

MGRM

04/19/2011

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