2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2008 08:00 AM
Secretary of State

DOCUMENT # M01000002563

1. Entity Name
THE SHUTTER SHOPPE, L.L.C.

Principal Place of Business	Mailing Address
9345 INDUSTRIAL TRACE HIGHWAY ALPHARETTA, GA 30004	9345 INDUSTRIAL TRACE HIGHWAY ALPHARETTA, GA 30004

DO NOT WRITE IN THIS SPACE

03182008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
58-2272980
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U00000872196
04/10/08-80026-022 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	HOWE, JAMES
STREET ADDRESS	9345 INDUSTRIAL TRACE HIGHWAY
CITY-ST-ZIP	ALPHARETTA, GA 30004
TITLE	MGR
NAME	HOWE, REBECCA
STREET ADDRESS	9345 INDUSTRIAL TRACE HIGHWAY
CITY-ST-ZIP	ALPHARETTA, GA 30004
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____ 3/18/08 770-410-9525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #