2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

FILED
Apr 08, 2008 8:00 am
Secretary of State
02-08-2008 90100 029 ***138.75

30003476

1st MOORE CR2E083 (10/07)

DOCUMENT # M07000001059

1. Entity Name

BEACH BLINDS, SHADES & SHUTTERS, LLC

Principal Place of Business	Mailing Address
7429 BEACH DRIVE PANAMA CITY BEACH FL 32408	P.O. BOX 19691 PANAMA CITY BEACH FL 32408

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-5940830 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KYSELY, BRYAN. 7429 BEACH DRIVE PANAMA CITY BEACH FL 32408	Name: Same Street Address (P.O. Box Number is Not Acceptable) 700 Westwood Beach Circle City: Panama City Bch. Fl. FL Zip Code: 32413

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 required of registered agent if changing) (NOTE: Registered Agent's signature required when changing)

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR KYSELY, BRYAN P.O. BOX 19691 PANAMA CITY BEACH FL 32408	☐ Delete	☒ Change ☐ Addition	7429 Beach Drive Panama City Bch. FL. 32408
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR LAIRD, MELINDA P.O. BOX 19691 PANAMA CITY BEACH FL 32408	☐ Delete	☒ Change ☐ Addition	700 Westwood Beach Circle Panama City Beach FL, 32413
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: M Laird 31 Jan 08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #