

IN THE CIRCUIT COURT, SIXTH  
JUDICIAL CIRCUIT, IN AND FOR  
PINELLAS COUNTY, FLORIDA

CASE NO.:

SCOT SLATER,

Plaintiff,

v.

SHUTTER ME UP, LLC,

Defendant.

---

**PLAINTIFF'S ORIGINAL COMPLAINT**

COMES NOW Plaintiff, SCOT SLATER, by and through the undersigned attorney, Jonathan I. Rotstein, Esquire, and hereby sues Defendant, SHUTTER ME UP, LLC, and in support thereof states and alleges as follows:

**FACTS**

1. This is an action for damages that exceed Fifty Thousand Dollars (\$50,000.00).
2. At all times material hereto, Plaintiff, SCOT SLATER, resided in Largo, Florida and is over the age of twenty-one (21).
3. At all times material hereto, Defendant, SHUTTER ME UP, LLC, was/is a Florida Limited Liability Company authorized and licensed to conduct business in the State of Florida and did/does conduct said business in Pinellas County, Florida.
4. At all times material hereto, Plaintiff, SCOT SLATER, was employed by Defendant, SHUTTER ME UP, LLC, as an installer located at 5275 95th Str. N., St. Petersburg, FL 33708.

5. This Honorable Court has jurisdiction over this lawsuit in that the incident which is the basis of this lawsuit took place in Pinellas County, Florida, and that this action for money damages for Plaintiff, SCOT SLATER, exceeds Fifty Thousand Dollars (\$50,000.00) against Defendant, SHUTTER ME UP, LLC.

6. On or about June 25, 2025, Plaintiff was injured while in the course and scope of his employment with Defendant. At that time, Plaintiff was installing hurricane shutters onto rolling tracks when the mechanism collapsed and fell, causing severe and permanent injuries to Plaintiff.

7. Plaintiff duly and immediately informed Defendant's agents, servants and/or employees of this incident, i.e. Randy, the owner.

8. Due to the severity of Plaintiff's injuries, he has not been able to return to work and has not received any workers' compensation benefits.

9. On or about July 8, 2025, Plaintiff received a text message from Randy, the owner, that he was being terminated.

10. Plaintiff engaged in a statutorily protected activity, i.e., attempting to claim compensation under Florida Workers' Compensation Law, by informing Defendant's worker's compensation carrier of his physical injuries, being medical treated by EMS, and working reduced hours. A copy of Plaintiff's Petition for Worker's Compensation Benefits and the Carrier's Response are attached hereto as Exhibits "A" and "B", respectively.

11. Plaintiff is entitled to relief against Defendant based on Florida Statute § 440.205, which states as follows:

No employer shall discharge, threaten to discharge, intimidate, or coerce any employee by reason of such

employee's valid claim for compensation or attempt to claim compensation under the Workers' Compensation Law.

12. In direct retaliation for Plaintiff's attempt to pursue a workers' compensation claim, and in violation of Florida Statute § 440.205, Defendant discharged Plaintiff on or about July 8, 2025.

13. That being terminated one hundred and twenty-six (126) days after a workers' compensation accident creates a causal connection leading to a rebuttable presumption that Plaintiff was terminated due to his attempt to claim workers' compensation benefits.

14. Defendant's acts were willful, wanton and without regard for Plaintiff's rights.

15. As a direct and proximate result of Defendant's actions, Plaintiff has suffered and continues to suffer physical, economic and emotional damages.

**WHEREFORE** Plaintiff, SCOT SLATER, demands judgment for damages and costs against Defendant, SHUTTER ME UP, LLC, and trial by jury.

**I HEREBY CERTIFY** that a true and correct copy of the foregoing was provided by U.S. mail and/or electronic mail on this 19<sup>th</sup> day of January, 2026 to Shutter Me Up, LLC, 5275 95th Street N, Unit 1, St. Petersburg, FL 33708.

---

Jonathan I. Rotstein, Esquire  
Rotstein, Shiffman & Broderick, LLP  
309 Oakridge Blvd., Suite B  
Daytona Beach, FL 32118  
Florida Bar No. 909580  
(386) 252-5560 / (386) 238-6999 fax (jlk)  
Primary: [L.bonner@rotstein-shiffman.com](mailto:L.bonner@rotstein-shiffman.com)

Secondary: [R.wooten@rotstein-shiffman.com](mailto:R.wooten@rotstein-shiffman.com)  
Scheduling: [A.lynn@rotstein-shiffman.com](mailto:A.lynn@rotstein-shiffman.com)  
Attorney for Plaintiff

**STATE OF FLORIDA  
DIVISION OF ADMINISTRATIVE HEARINGS  
OFFICE OF THE JUDGES OF COMPENSATION CLAIMS**

**PETITION FOR WORKERS' COMPENSATION BENEFITS**

Employee/Claimant petitions the Office of the Judges of Compensation Claims for an order requiring Employer/Carrier to provide benefits due under Chapter 440, Florida Statutes as claimed below.

<b>EMPLOYEE:</b> Scot Slater  (Address / Phone Number on Record)	<b>OJCC CASE NO.</b> (required if previously issued) <b>25-028161EBG</b>
<b>EMPLOYER:</b> Shutter Me Up, LLC 5275 95th St. N, Unit 1 St. Petersburg, FL 33708 727-343-3278	<b>CARRIER:</b> Florida Citrus, Business & Industries Fund PO BOX 189 Alachua, FL 32615 888-262-4483
<b>CLAIMANT'S NAME</b> (if different from the employee):	
<b>EMPLOYEE/CLAIMANT'S ATTORNEY</b> (if any): Jonathan I. Rotstein 0909580 309 Oakridge Blvd. Daytona Beach, FL 32118 3863176690	
<b>DATE OF ACCIDENT</b> (disablement date if occupational disease): 6/25/2025	
<b>ACCIDENT COUNTY:</b> Pinellas <b>ACCIDENT STATE:</b> FL	
<b>DETAILED DESCRIPTION OF JOB RESPONSIBILITIES:</b> Installer	<b>SPECIFIC WORK BEING PERFORMED WHEN INJURY OCCURRED:</b> Normal or assigned work duties within the scope of employment.
<b>DETAILED DESCRIPTION OF THE ACCIDENT:</b> Claimant was installing hurricane shutters onto rolling tracks when the mechanism collapsed, falling, causing injury.  <b>PART(S) OF BODY INJURED:</b> Spine and any other potential injuries within the scope of employment.  <b>CHARACTER OF DISABILITY:</b> Claimant has functional limitations and restrictions; unable to perform normal duties.	<b>IS THIS PETITION FOR MEDICAL BENEFITS ONLY:</b> No <b>AWW 13 WEEKS PRECEDING ACCIDENT:</b> TBD <b>CURRENT AWW:</b> TBD <b>CURRENTLY WITH SAME EMPLOYER:</b> N <b>CURRENT WORK LEVEL:</b> None Apply <b>HAS MMI BEEN REACHED:</b> N IF SO, DATE OF MMI: 12/31/2025

Jurisdiction: The Judge of Compensation Claims has jurisdiction over the parties and the subject matter of this petition.  
 Managed care grievance procedures, if required, were exhausted under F.S. §440.192(3). The Grievance was dated:



**MONETARY (INDEMNITY) BENEFITS CLAIMED, FLORIDA STATUTES §440.15**

**CLASS OF BENEFIT:** Adjustment of AWW . **Starting Date:** 6/25/2025 **Ending Date:** continuing

**Details:** TO INCLUDE BOARD, RENT, HOUSING, LODGING, HEALTH INSURANCE, LIFE INSURANCE, DISABILITY INSURANCE AND CONCURRENT EMPLOYMENT PURSUANT TO 440.14(1) AND 440.14(2).

**CLASS OF BENEFIT:** Temporary Partial Disability **Starting Date:** 6/25/2025 **Ending Date:** continuing

**Details:** Pursuant to 440.15(4).

**CLASS OF BENEFIT:** Temporary Total Disability **Starting Date:** 6/25/2025 **Ending Date:** continuing

**Details:** Pursuant to 440.15(2).

**MEDICAL AND REHABILITATIVE BENEFITS, FLORIDA STATUTES §440.13**

**CLASS OF BENEFIT:** Authorization of Medical Care/Testing **SPECIFIC TYPE:** Primary Care Physician

**Details:** Authorization, scheduling and payment of primary care physicians for treatment and/or referral for injuries due to industrial accident pursuant to 440.13.

**PENALTIES, INTEREST, COSTS, ATTORNEY'S FEES, OR OTHER CLAIMS**

**CLASS OF BENEFIT:** Attorney Fees and/or Costs

**Details:** Pursuant to 440.34.

**CLASS OF BENEFIT:** Penalties and/or Interest

**Details:** Pursuant to 440.34.

**CLASS OF BENEFIT:** Compensability

**Details:** Pursuant to 440.09(1)

**Certificate of Good Faith Effort to Resolve Dispute,  
Acknowledgement of Fraud Statement, Certificate of Service, and Social Security Number Notice**

The claimant or, if the claimant is represented by counsel, the claimant's attorney, certifies that he or she has made a good faith effort to resolve the dispute and that the claimant or attorney was unable to resolve the dispute with the employer/carrier/servicing agent.

The claimant has read and understands the following: "Any person who, knowingly and with intent to injure, defraud, or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information commits insurance fraud, punishable as provided in s. 817.234." By signing below, the claimant attests that he or she has reviewed, understands, and acknowledges the foregoing notice. In accordance with Florida Statutes § 440.192(1), a copy of this petition for benefits has been served by certified mail on the injured worker's employer and the employer's carrier on 11/20/2025. A copy of this petition has also been served on the attorney for the employer/carrier if known.

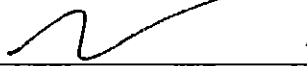
Disclosure of the employee's Social Security Number (SSN) is voluntary. An employee or claimant who does not have or declines to provide the employee's SSN must file a verified motion for assignment of substitute identification number along with the initial Petition for Benefits or Request for Assignment of Case Number in accordance with Fla. Admin. Code 60Q-6.105(4).

The employee's SSN will be used to uniquely identify the employee in the Office of the Judges of Compensation Claims (OJCC) case management system, ascertain a claimant's child support obligations before approving any lump sum settlement, and exchange information between the OJCC and the Division of Workers' Compensation. The employee's SSN may also be used by the employer and carrier named on the Petition for Benefits or Request for Assignment of Case Number to identify the employee.

SSN's are confidential and exempt from public disclosure. It is the express policy of the OJCC to prohibit the disclosure of SSN's by the OJCC or any of its employees, except the SSN will be disclosed by the OJCC for the following reasons: (1) in response to a legitimate inquiry from a state or federal agency in connection with matters within its jurisdiction; (2) if so ordered by a court of competent jurisdiction, pursuant to the terms of such order; and (3) to a commercial entity in response to a request in accordance with §119.071(5)(a)(7), Florida Statutes.

WHEREFORE, claimant requests an order directing the employer to provide the benefits as requested.

SCOT SLATER 11/20/2025  
Signature of Claimant Date

 11/20/2025  
Signature of Counsel for Claimant Date

STATE OF FLORIDA  
 DIVISION OF ADMINISTRATIVE HEARINGS  
 OFFICE OF THE JUDGES OF COMPENSATION CLAIMS

Scot Slater,

Employee/Claimant,

v.

Shutter Me Up, LLC

Employer,

and

Florida Citrus, Business & Industries Fund

Carrier/Servicing Agent.

OJCC Case No.: 25-028161EBG

Assigned Judge: Grindal

Accident date: 06/25/2025

**RESPONSE TO PETITION FOR BENEFITS**

<b>LOST TIME CASE:</b> No	<b>MEDICAL BENEFITS CASE:</b> No
<b>RESPONSE TO EACH BENEFIT REQUESTED:</b> (If Denial of Benefit(s) was rescinded, include the initial indemnity start date, disability type, average weekly wage and compensation rate.) Petition(s) 11/20/2025(1) are covered by this response.  Entire case is denied. The alleged accident (allegedly while working in the course and scope of employment) was not reported to the employer timely. No penalties, interest or attorney's fees are due or owing; cost to be paid upon proper showing of entitlement to the same in accordance with CH 440. Reserve right to amend.	
<b>DENIAL OF BENEFIT WAS RESCINDED ON:</b>	
<b>CARRIER:</b> FLORIDA CITRUS, BUSINESS & INDUSTRIES FUND	<b>CARRIER'S CODE:</b> 904 <b>CARRIER'S FILE NO.:</b> 106FL20240023113 <b>DATE PREPARED:</b> 12/5/2025
<b>ADJUSTER:</b> GAIL BOWMAN <b>TELEPHONE:</b> 407-373-6258 <b>EMAIL:</b> GAIL.BOWMAN@USIS-TPA.COM	<b>COPY FURNISHED:</b> JONATHAN ROTSTEIN, ESQUIRE

**NOTICE:** If you do not agree with the employer/carrier's action or you do not understand why you received this information, please contact your adjuster. For further assistance, please contact the Employee Assistance and Ombudsman Office at (800) 342-1741.

