


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Sep 13, 2004 8:00 am
Secretary of State

09-13-2004 90132 035 ****50.00

DOCUMENT # L03000036835

1. Entity Name
AMERICAN GLASS SERVICES, LLC



Principal Place of Business Mailing Address
6297 AUGUSTA COVE DESTIN FL 33541-3466 **6297 AUGUSTA COVE DESTIN FL 33541-3466**

2. Principal Place of Business 3. Mailing Address
116 A NORTH HOLIDAY RD

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
DESTIN FL.

Zip Country Zip Country
32550 WILTON



MOORE CR2E083 (4/04)

4. FEI Number Applied For
20-0243747 Not Applicable

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

6. Name and Address of Current Registered Agent

FILLINGIM, DAVID B
6297 AUGUSTA COVE
DESTIN FL 33541-3466

7. Name and Address of New Registered Agent

Name **DAVID FILLINGIM**

Street Address (P.O. Box Number is Not Acceptable)
6297 AUGUSTA COVE

City **DESTIN FL** Zip Code **32541**

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 *David Fillingim* **DAVID FILLINGIM** **09/08/04**

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 8, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FILLINGIM, DAVID B 6297 AUGUSTA COVE DESTIN FL 33541-3466	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAIGREPORT, BOB 6641 GOVERNMENT STREET BATON ROUGE LA 70806	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *David Fillingim* **09/08/04** **850-269-3881**

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