

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**


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**FILED**  
**Jun 07, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90024 037 \*\*\*\*50.00

**DOCUMENT # L03000036835**

1. Entity Name  
**AMERICAN GLASS SERVICES, LLC**



Principal Place of Business <b>116 A NORTH HOLIDAY RD          DESTIN, FL 32550</b>	Mailing Address <b>116 A NORTH HOLIDAY ROAD          DESTIN, FL 32550</b>
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**DO NOT WRITE IN THIS SPACE**



03302006 No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>20-0243747</b>	Applied For Not Applicable
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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 32541**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2006**

**D. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY ST ZIP	MGR FILLINGIM, DAVID B 6297 AUGUSTA COVE DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY ST ZIP	MGR DAIGREPORT, BOB 6841 GOVERNMENT STREET BATON ROUGE, LA 70806
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**DO NOT WRITE IN THIS SPACE**

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: David Fillingim 6/5/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE