

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000106882

FILED  
Mar 25, 2010  
Secretary of State

**Entity Name:** TECTONIC METAL AND GLASS LLC

**Current Principal Place of Business:**

1371 SW 8TH STREET, SUITE 7  
POMPANO BEACH, FL 33069

**New Principal Place of Business:**

1371 SW 8TH STREET  
SUITE 7  
POMPANO BEACH, FL 33069

**Current Mailing Address:**

1371 SW 8TH STREET, SUITE 7  
POMPANO BEACH, FL 33069

**New Mailing Address:**

1371 SW 8TH STREET  
SUITE 7  
POMPANO BEACH, FL 33069

FEI Number: 20-5869901

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

NICENBOIM, JOSE  
169 EAST FLAGLER STREET, SUITE #1534  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: WEBB, TERRENCE M  
Address: 1864 NICOLE DRIVE  
City-St-Zip: DRESHER, PA 19025

Title: MGR  
Name: HERNANDEZ, SERGIO  
Address: 4660 LA PAZ LANE  
City-St-Zip: RIVERSIDE, CA 92501

Title: MGR  
Name: LEWIS, MARIA R  
Address: 1819 WOODSTOWN RD  
City-St-Zip: MULLICA HILL, NJ 08062

Title: MGR  
Name: WASHINGTON, STACEY  
Address: 500 MARILL TERRACE  
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: MGR  
Name: STEIN, WILLIAM  
Address: 3663 COCO PLUM CR  
City-St-Zip: COCONUT CREEK, FL 33063

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: MARIA LEWIS

MGR

03/25/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date