

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000068883

**FILED**  
**Jan 15, 2011**  
**Secretary of State**

**Entity Name:** LOWCOUNTRY WINDOWS AND DOORS, LLC

**Current Principal Place of Business:**

10330 CHEDOAK COURT  
403  
JACKSONVILLE, FL 32218

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 37520  
JACKSONVILLE, FL 32236

**New Mailing Address:**

**FEI Number:** 20-1642555

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MITCHELL, EDWARD R  
10330 CHEDOAK CT #403  
JACKSONVILLE, FL 32218 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:** MGRM  
**Name:** CONSOLIDATED EQUITY, INC.  
**Address:** 10330 CHEDOAK CT #403  
**City-St-Zip:** JACKSONVILLE, FL 32218

**Title:** MGRM  
**Name:** CLASSIC AMERICAN BUILDING AND REMODELING,  
**Address:** 1530 ELMAR RD  
**City-St-Zip:** JACKSONVILLE, FL 32218

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:** EDWAD MITCHELL

MGRM

01/15/2011

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