## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000092737

Entity Name: SURVIVALITE IMPACT WINDOW SYSTEMS, LLC

**Current Principal Place of Business:** 

1385 MORNINGSIDE DR. MOUNT DORA. FL 32757

**Current Mailing Address:** 

1385 MORNINGSIDE DR. MOUNT DORA, FL 32757

FEI Number: 20-5473393 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SUDLOW, WILLIAM 1385 MORNINGSIDE DR MOUNT DORA, FL 32757 US

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

FILED Feb 09, 2024

**Secretary of State** 

5251459798CC

Authorized Person(s) Detail:

Title MGRM Title MGR

NameSUDLOW, WILLIAM CNameBLANK, ARVIN AAddress1385 MORNINGSIDE DRAddress14214 CARVELLE CT.City-State-Zip:MOUNT DORA FL 32757City-State-Zip:ORLANDO FL 32828

Title MGR Title MGR

NameSUDLOW, WILLIAM PNameMALAK, JAMES PAddress1385 MORNINGSIDE DRAddress31526 ALANE CT.City-State-Zip:MOUNT DORA FL 32757City-State-Zip:TAVARES FL 32778

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM C. SUDLOW

MANAGING MEMBER

02/09/2024