

2022 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

Authorized Person(s) Detail :

Title	MGRM
Name	SUDLOW, WILLIAM C
Address	1385 MORNINGSIDE DR
City-State-Zip:	MOUNT DORA FL 32757

Title	MGR
Name	BLANK, ARVIN A
Address	14214 CARVELLE CT.
City-State-Zip:	ORLANDO FL 32828

Title	MGR
Name	SUDLOW, WILLIAM P
Address	1385 MORNINGSIDE DR
City-State-Zip:	MOUNT DORA FL 32757

Title	MGR
Name	MALAK, JAMES P
Address	31526 ALANE CT.
City-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****02/10/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date