

**2014 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 4538 NORTHERN DANCER WAY  
City-State-Zip: ORLANDO FL 32826

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

Title MGR  
Name MALAK, JAMES P  
Address 2501 CROOKED LAKE CLUB BLVD  
City-State-Zip: EUSTIS FL 32726

*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**

**04/18/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date