

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000080161

**Entity Name:** A & O AUTO GLASS, LLC

**Current Principal Place of Business:**

400 LESLIE DRIVE  
#910  
HALLANDALE, FL 33009

**Current Mailing Address:**

400 LESLIE DR  
SUITE 910  
HALLANDALE, FL 33009

**FEI Number:** 26-3220031

**Certificate of Status Desired:** No

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

LABOCK, ARNON A  
400 LESLIE DRIVE  
# 910  
HALLANDALE, FL 33009 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 MGR  
Name ARNON, LABOCK  
Address 400 LESLIE DRIVE  
# 910  
City-State-Zip: HALLANDALE FL 33009

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ARNON LABOCK

**MANAGER**

**04/03/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date