

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000149520

**Entity Name:** CERTIFIED WINDSHIELD, LLC.

**Current Principal Place of Business:**

8419 SUNSTATE ST  
B  
TAMPA , FL 33634

**Current Mailing Address:**

8419 SUNSTATE ST  
B  
TAMPA , FL 33634 US

**FEI Number:** 46-1570600

**Certificate of Status Desired:** No

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

MICHAEL, PIPER L  
8904 ROCKY CREEK DR  
TAMPA, FL 33615 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 PIPER, MICHAEL L  
Address 8904 ROCKY CREEK DR  
City-State-Zip: TAMPA FL 33615

*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:** MICHAEL PIPER

MGMR

02/08/2013

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

\_\_\_\_\_  
Date