

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000069825

Entity Name: ALL PRO DOOR AND WINDOW INSTALLATIONS, LLC

Current Principal Place of Business:

3021 SE JAYMAN CT.
PORT ST. LUCIE, FL 34952

Current Mailing Address:

3021 SE JAYMAN CT.
PORT ST. LUCIE, FL 34952 US

FEI Number: 47-3801623

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LAHUIS, MELISSA A
3031 SE JAYMAN CT
A
PORT ST LUCIE, FL 34952 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: MELISSA LAHUIS

04/09/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name WILKINSON, LESLIE T
Address 3021 SE JAYMAN CT.
City-State-Zip: PORT ST. LUCIE FL 34952

Title MGR
Name LAHUIS, MELISSA A
Address 3021 SE JAYMAN CT.
City-State-Zip: PORT ST. LUCIE FL 34952

Title AMBR
Name WILKINSON, LESLIE T
Address 3021 SE JAYMAN CT.
City-State-Zip: PORT ST. LUCIE FL 34952

Title AMBR
Name LAHUIS, MELISSA A
Address 3021 SE JAYMAN CT.
City-State-Zip: PORT ST. LUCIE FL 34952

Title AMBR
Name WILKINSON, ERIC M
Address 3021 SE JAYMAN CT.
City-State-Zip: PORT ST. LUCIE FL 34952

Title AMBR
Name WILKINSON, JOSHUA T
Address 3021 SE JAYMAN CT.
City-State-Zip: PORT ST. LUCIE FL 34952

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: LESLIE WILKINSON

MNGR

04/09/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date