


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90020 023 \*\*\*\*50.00

<b>DOCUMENT # L00000006092</b>	
1. Entity Name <b>CENTRAL AUTO GLASS CO. L.L.C.</b>	

Principal Place of Business <b>3302 1/2 ENTERPRISE ROAD FORT PIERCE, FL 34982</b>	Mailing Address <b>3302 1/2 ENTERPRISE ROAD FORT PIERCE, FL 34982</b>
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2. Principal Place of Business <b>3313 Oleander Ave</b>	3. Mailing Address <b>3313 Oleander Ave</b>
Suite, Apt. #, etc. <b>Unit 1</b>	Suite, Apt. #, etc. <b>Unit 1</b>
City & State <b>Fort Pierce, Florida</b>	City & State <b>Fort Pierce, Florida</b>
Zip <b>34982</b>	Country <b>St. Lucie</b>



04132005 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>59-3687045</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>RADEBAUGH, CUSHMAN 3313 OLEANDER AVE #1 FORT PIERCE, FL 34982</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR RADEBAUGH, CUSHMAN 3313 OLEANDER AVE 31 FORT PIERCE, FL 34982</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

**SIGNATURE:** Cush S. Radbaugh **Date:** 4/13/05 **Daytime Phone #** \_\_\_\_\_