


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Sep 03, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000000439 1. Entity Name WINSOME WINDOWS LLC	
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08302004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1068764	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ROMIG, JANET L
1116 MALLARD MARSH DRIVE
OSPREY, FL 34229-6811

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by September 8, 2004**

U000000171668
09/03/04-80006-021 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROMIG, MICHAEL V 1116 MALLARD MARSH DRIVE OSPREY, FL 342296811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROMIG, JANET L 1116 MALLARD MARSH DRIVE OSPREY, FL 342296811
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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

[Signature]

8/31/04