

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90687 028 ***50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

30045823

DOCUMENT # L02000011367			
1. Entity Name EFFICIENT WALL SYSTEMS OF FLORIDA, L.L.C.			
Principal Place of Business 101 RIVERFRONT BOULEVARD BRADENTON, FL 34205		Mailing Address 101 RIVERFRONT BOULEVARD BRADENTON, FL 34205	
2. Principal Place of Business 1211 COMMERCE BLVD.N		3. Mailing Address 1211 COMMERCE BLVD.N	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SARASOTA, FL		City & State SARASOTA, FL	
Zip 34245-5016	Country USA	Zip 34245-5016	
		Country USA	
4. FEE Number 02-0595011		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent ANDREW SERVICE CORPORATION OF FLORIDA 201 NORTH FRANKLIN STREET STE. 2100 TAMPA, FL 33602		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 submitting)			
DATE _____			
FILE NOW WITH FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 _____		2/28/03	
SIGNATURE AND/OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	
		Daytime Phone #	

CR2003 (10/02)