

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90047 031 ****50.00

DOCUMENT # L02000019406

1. Entity Name
WORLD CLASS GLASS LLC



Principal Place of Business
1601 FORUM PLACE, SUITE 801
WEST PALM BEACH, FL 33401

Mailing Address
1601 FORUM PLACE, SUITE 801
WEST PALM BEACH, FL 33401

24054143



04202004 Chg-LLC CR2E083 (10/03)

4. FEI Number
42-1554607

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PAXMAN, JOHN T
1832 N DIXIE HWY
LAKE WORTH, FL 33460

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

**Filing Fee is \$50.00
Due by May 1, 2004**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE P ☐ Delete
NAME DAVIES, STEWART
STREET ADDRESS 13870 EXOTICA LN
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE ☒ Change ☐ Addition
NAME **2117 Vinings circle #803**
STREET ADDRESS **Wellington, FL 33414**
CITY-ST-ZIP

TITLE VP **H * spelling mistake** ☐ Delete
NAME WILLRUTH, BART
STREET ADDRESS 1001 N RIO VISTA BLVD
CITY-ST-ZIP FORT LAUDERDALE, FL 33301

TITLE ☒ Change ☐ Addition
NAME **WILLRUTH, BART**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **STEWART DAVIES** **4/21/04** **954-427-3025**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #