

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90424 044 \*\*\*\*55.00

**DOCUMENT # L03000028275**

1. Entity Name

AMERICAN AUTO GLASS, LLC



Principal Place of Business

529 SOUTH PARSONS AVENUE, APT 613  
BRANDON FL 33511

Mailing Address

529 SOUTH PARSONS AVENUE, APT 613  
BRANDON FL 33511

2. Principal Place of Business

1203 Laurie Sue Ct.  
Suite, Apt. #, etc.

3. Mailing Address

1203 Laurie Sue Ct.  
Suite, Apt. #, etc.



MOORE

CR2E083 (11/03)

City & State

Brandon - Florida  
Zip 33511 Country Hillsborough

City & State

Brandon - Florida  
Zip 33511 Country Hillsborough

4. FEI Number

11-3700960

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SINA, NDERIM  
529 SOUTH PARSONS AVNEUE, APT 613  
BRANDON FL 33511

7. Name and Address of New Registered Agent

Name Nderim Sina

Street Address (P.O. Box Number is Not Acceptable)

1203 Laurie Sue Ct.

City Brandon

FL

Zip Code

33511

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-17-04

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☒ Delete  
NAME SINA, NDERIM  
STREET ADDRESS 529 SOUTH PARSONS AVENUE, APT 613  
CITY-ST-ZIP BRANDON FL 33511

TITLE MGRM ☒ Delete  
NAME SINA, MARION  
STREET ADDRESS 529 SOUTH PARSONS AVENUE, APT 613  
CITY-ST-ZIP BRANDON FL 33511

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE owner ☒ Change ☐ Addition  
NAME Nderim Sina  
STREET ADDRESS 1203 Laurie Sue Ct.  
CITY-ST-ZIP Brandon, FL 33511

TITLE Manager ☒ Change ☐ Addition  
NAME Marion Sina  
STREET ADDRESS 1203 Laurie Sue Ct.  
CITY-ST-ZIP Brandon, FL 33511

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

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

TITLE ☐ Change ☐ Addition  
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:

*[Signature]*

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

Date

3-17-04

Daytime Phone #