

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

FILED  
Apr 24, 2006 8:00 am  
Secretary of State

04-24-2006 90044 011 \*\*\*150.00

DOCUMENT # LO30000 73035

1. Entity Name

RENO'S QUALITY GLASS & MIRROR, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
15700 Athens Terrace

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Wellington, FL

City & State

4. FEI Number  
42-1611746

Applied For  
Not Applicable

Zip  
33414-1061

Country  
USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE  
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

RENO J DICARLANTONIO

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

15700 Athens Terrace

City  
Wellington

FL

Zip Code  
33414-1061

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

*Reno J DiCarlantonio*

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11.

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Member Manager  
Reno J DiCarlantonio  
15700 Athens Terrace  
Wellington, FL 33414-1061

TITLE  
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CITY-ST-ZIP

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DO NOT WRITE  
IN THIS SPACE

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Reno J DiCarlantonio

4/5/2005

(561) 791-4488

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #