2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 28, 2006 8:00 am
Secretary of State
02-22-2006 90108 018 ****55.00

DOCUMENT # L03000044356

1. Entity Name
DE LORIE DOOR SERVICE LLC

Principal Place of Business	Mailing Address
205 ELLSWORTH COURT KISSIMMEE FL 34758	PO BOX 422032 KISSIMMEE FL 34742
2. Principal Place of Business: 2714 Downing Drive Kissimmee, FL 34758	3. Mailing Address: PO Box 422032 Kissimmee, FL 34742
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Kissimmee, FL	City & State: Kissimmee, FL
Zip: 34758 Country: Osceola	Zip: 34742 Country: Osceola

1st MOORE CR2E083 (10/05)

4. FEI Number: 26-0075336 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DE LORIE, JOSEPH F
205 ELLSWORTH COURT
KISSIMMEE FL 34758

7. Name and Address of New Registered Agent

Name: Joseph F. De Lorie
Street Address (P.O. Box Number is Not Acceptable): 2714 Downing Drive
City: Kissimmee, FL Zip Code: 34758

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: Joseph F. De Lorie — 2-7-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OWNER DELORIE, JOSEPH F 205 ELLSWORTH COURT KISSIMMEE FL 34758 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Owner De Lorie, Joseph F. 2714 Downing Drive Kissimmee, FL 34758 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Owner/Manager De Lorie, Joseph F. 2714 Downing Drive ~~Kissimmee, FL 34758~~ ☐ 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
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
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 exemptions contained in Section 119, 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: Joseph F. De Lorie — 02/07/06 — 407-922-0074
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #