2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 08, 2007 8:00 am
Secretary of State
03-08-2007 90191 022 ****55.00

1st MOORE CR2E083 (10/06)

DOCUMENT # L03000044356

1. Entity Name
DE LORIE DOOR SERVICE LLC

Principal Place of Business	Mailing Address
2714 DOWNING DRIVE KISSIMMEE FL 34758	PO BOX 422032 KISSIMMEE FL 34742

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
2714 Tropical Lake Dr.		PO Box 422032	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Kissimmee, FL 34741		City & State: Kissimmee, FL 34742	
Zip: 34741	Country: Osceola	Zip: 34742	Country: Osceola

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

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

6. Name and Address of Current Registered Agent

DE LORIE, JOSEPH F
~~2714 DOWNING DRIVE~~
~~KISSIMMEE FL 34758~~

7. Name and Address of New Registered Agent

Name: De Lorie Joseph F.
Street Address (P.O. Box Number is Not Acceptable): 2714 Tropical Lake Dr.
City: Kissimmee FL Zip Code 34741

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 Joseph F. De Lorie Owner 2/27/07
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, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DELORIE, JOSEPH F 2714 DOWNING DRIVE KISSIMMEE FL 34758	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DELORIE, JOSEPH F. 2714 Tropical Lake Dr. Kissimmee, FL 34741	XX 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
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 Joseph F. De Lorie 02/27/07 407 932-0074
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #