

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90279 040 \*\*\*\*50.00

DOCUMENT # L03000049600

1. Entity Name

MIKE'S VINYL & TRIM, LLC



Principal Place of Business

Mailing Address

MIKE'S VINYL & TRIM, LLC.  
204 WILDWOOD DRIVE  
EDGEWATER FL 32132

204 WILDWOOD DRIVE  
EDGEWATER FL 32132

2. Principal Place of Business - No P.O. Box #

204 WILDWOOD DR

3. Mailing Address

204 WILDWOOD DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

EDGEWATER FL

City & State

EDGEWATER FL

Zip

32132

Country

FLORIDA

Zip

32132

Country

FLORIDA

4. FEI Number

73-1689123

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CLOUTIER, MICHAEL R  
204 WILDWOOD DRIVE  
EDGEWATER FL 32132

7. Name and Address of New Registered Agent

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

*[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

2/13/7

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	CLOUTIER, MICHAEL R	
STREET ADDRESS	204 WILDWOOD DRIVE	
CITY ST ZIP	EDGEWATER FL 32132	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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CITY ST ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		

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:

*[Signature]*

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

2/13/7

Date

386 679 2154

Daytime Phone #