

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90089 044 ****50.00

DOCUMENT # L03000051460

1. Entity Name
ALL AMERICAN ALUMINIUM & SCREEN, LLC



Principal Place of Business
**14 HADLEY DR
LAKE WORTH, FL 33463**

Mailing Address
**14 HADLEY DR
LAKE WORTH, FL 33463**

20027457



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03292005 Chg-LLC CR2E083 (10/03)

4. FEI Number
20-0515790

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145**

Name **RON TAYLOR**

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

City **LAKE WORTH**

FL

Zip Code **33463**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **TAYLOR, RON**
STREET ADDRESS **4645 MERLE PLACE**
CITY-ST-ZIP **LAKE WORTH, FL 33463**

TITLE **MGR** ☒ Change ☐ Addition
NAME **TAYLOR, RON**
STREET ADDRESS **14 HADLEY DR**
CITY-ST-ZIP **LAKE WORTH, FL 33463**

TITLE **ST** ☐ Delete
NAME **TAYLOR, RON**
STREET ADDRESS **4645 MERLE PLACE**
CITY-ST-ZIP **LAKE WORTH, FL 33463**

TITLE **ST** ☒ Change ☐ Addition
NAME **TAYLOR, RON**
STREET ADDRESS **14 HADLEY DR**
CITY-ST-ZIP **LAKE WORTH, FL 33463**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/4/2005

Date

Daytime Phone #