

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000057190**

1. Entity Name  
**WINDOW EMPORIUM LLC**



Principal Place of Business  
**5190 EAST PRENTICE LANE  
INVERNESS, FL 34452**

Mailing Address  
**5190 EAST PRENTICE LANE  
INVERNESS, FL 34452**



**DO NOT WRITE IN THIS SPACE**

04172006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**59-3271573**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**CARLUCCI, THOMAS  
5190 EAST PRENTICE LANE  
INVERNESS, FL 34452**

**DO NOT WRITE  
IN THIS SPACE**

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 reinstalling)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM**  
NAME **CARLUCCI, THOMAS**  
STREET ADDRESS **5190 EAST PRENTICE LANE**  
CITY-ST-ZIP **INVERNESS, FL 34452**

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**U000000519664  
05/02/06-80063-020-50.00**

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 609, Florida Statutes.

**SIGNATURE:**

*Thomas Carlucci*

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

Date

Daytime Phone #