

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 31, 2005 8:00 am
Secretary of State

05-12-2005 90031 003 ****50.00

DOCUMENT # L04000003512

1. Entity Name
GARY'S SEE-THRU WINDOWS, LLC



Principal Place of Business
**3223 N LOCKWOOD RIDGE RD
LOT 198
SARASOTA FL 34235**

Mailing Address
**3223 N LOCKWOOD RIDGE RD
LOT 198
SARASOTA FL 34235**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country



1st MOORE CR2E083 (10/04)

4. FEI Number
11-3697526 ?

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**LEARO, GARY
3223 N LOCKWOOD RIDGE RD
LOT 198
SARASOTA FL 34235**

7. Name and Address of New Registered Agent
Name **LEARO, GARY**
Street Address (P.O. Box Number is Not Acceptable)
3223 N. LOCKWOOD RIDGE
LOT 198
City **Sarasota** FL Zip Code **34234**

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 *Gary L. Learo* DATE **4/28/2005**

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEARO, GARY 3223 N LOCKWOOD RIDGE RD SARASOTA FL 34235-34234	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Gary L. Learo* DATE **4/28/2005** DAYTIME PHONE **941-355-8102**