

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000019259

**FILED**  
**Mar 23, 2009**  
**Secretary of State**

**Entity Name:** MOSER AND COLSON GLASS & SCREENS, L.L.C.

**Current Principal Place of Business:**

2185 BEECHER ROAD  
CLEARWATER, FL 33763

**New Principal Place of Business:**

11802 CARISSA LN  
NEW PORT RICHEY, FL 34654

**Current Mailing Address:**

11802 CARISSA LN  
NEW PORT RICHEY, FL 34654

**New Mailing Address:**

**FEI Number:** 32-0114830

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MOSER, DAVID J  
11802 CARISSA LN  
NEW PORT RICHEY, FL 34654 US

**Name and Address of New Registered Agent:**

MOSER, DAVID J MANAGER  
11802 CARISSA LN  
NEW PORT RICHEY, FL 34654 US

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.

SIGNATURE: DAVID J. MOSER

03/23/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MOSER, DAVID J  
Address: 11802 CARISSA LN  
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: D (X) Delete  
Name: MOSER, DAVID CHUCK  
Address: 2185 BEECHER ROAD  
City-St-Zip: CLEARWATER, FL 33763

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID J MOSER

MNG

03/23/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date