	D LIABILITY COM AL REPORT (AR)	PANY 7/2	FILED Aug 17, 2005 8:00 am
DOCUMENT # L04000 1. Entity Name VIC'S WINDOW TREATMENT			Secretary of State 07-21-2005 90010 008 ****50.00
Principal Place of Business	Mailing Address		
5030 MOLINO ROAD MOLINO FL 32577	5030 MOLINO ROAD MOLINO FL 32577		00010010

VIC'S WII	NDOW T	REATMENT	, LLC					07-21-200.	5 50010	008	30.00	
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MOLINO FL	32577			MOLINO FL 32577				1981194 Ski bûya aran awii war		8 MM (466, 1279	IDIPD: 44 16.64	
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2. Principal P	Principal Place of Business Aailing Address Address]	INGUEN EN EPIN DIEM BEIN EEN	* ***** ***** Wy	* www raeen (2114)	1949 I II 1849		
Suite, Apt. *, etc. Suit			Suite, Apt. #, etc.	Suite, Apt. #, etc.			1st MOORE CR2E083 (10/04)					
City & Stat	ly & State City & State			-	4. FEI Nur	nber		- L	opplied For			
Zip		Country		Zip	Cour	ntry	5. Certifica	ate of Status Desired		\$5.00 Ac	iditional	
	6. Name	and Address	of Current Reg	jistered Agent			7. Name a	nd Address of New I	Registered	Agent		
						Name						
AGEE, VICTOR C. 5030 MOLINO ROAD MOLINO FL 32577					Street Address (P.O. Box Number is Not Acceptable)							
MOI	LINO FL	325//										
		_				City			FL	-		
8. The above the obligat	named entitions of regist	ly submits this stered agent.	tatement for the	purpose of changing i	Is register	ed office or register	ed agent, or	both, in the State of Fi	orida. Lam	familiar with	, and accept	
SIGNATURE.	Vial	or printed name of re	agu	the 4 majorathle (AV	TE General	d Agent signature required	Ludwan saunds Monn L		1161	100		
<u> </u>	-			1		FEE IS \$50.00	,	T				
				Make Check Paya			nt of State					
				D	ue By Ma	ay 1, 2005					Į	
9.		MANAGIN	IG MEMBERS/	MANAGERS	10.			ADDITIONS	/CHANGES			
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STREET ADDRESS CITY-ST-ZIP						-ST-ZIP					}	
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NAVE				□ (coese	- HAM						Addition	
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indicated	on this repor	rt is true and ac	curate and that	filing does not qualify f my signature shall have powered to execute thi	e the same	e legal effect as if m	ade under oa	ith; that I am a manac	I further cer ging membe	tify that the ider or manage	nformation er of the	
		/ .	4	<i>a</i>							}	
SIGNAT	URE: _	AND TYPED OR PRIN		NING METAGING MEMBER, M	ANAGER, OR	AUTHORIZED REPRESE	NTATIVE	Date	0	eyrme Phone #		