

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90068 041 ****55.00

DOCUMENT # L04000034734

1. Entity Name

WINDOW FASHIONS LLC



Principal Place of Business

**198 NORTH MAIN ST
CRESTVIEW FL 32536**

Mailing Address

**198 NORTH MAIN ST
CRESTVIEW FL 32536**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/05)

4. FEI Number

30-0049298

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FOURMAN, JANE
198 NORTH MAIN ST
CRESTVIEW FL 32536**

7. Name and Address of New Registered Agent

Name **JANE SHAW**

Name change due to marriage 12/10/05

Street Address (P.O. Box Number is Not Acceptable)
198 N. Main St.

City **CRESTVIEW**

FL

Zip Code
32836

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

Jane Shaw

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☒ Delete
NAME **FOURMAN, JANE**
STREET ADDRESS **198 NORTH MAIN ST**
CITY-ST-ZIP **CRESTVIEW FL 32536**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition
NAME **SHAW, JANE**
STREET ADDRESS **198 N. MAIN ST.**
CITY-ST-ZIP **CRESTVIEW, FL 32536**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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 exemptions contained in Section 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 608, Florida Statutes.

SIGNATURE:

Jane Shaw

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

Date

Daytime Phone #