

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000042173

FILED
Mar 19, 2009
Secretary of State

Entity Name: WINFORD ARCHITECTURAL HARDWARE, LLC

Current Principal Place of Business:

7828 GOLD LENOX COVE
LAKE WORTH, FL 33467

New Principal Place of Business:

7828 GOLD LENOX COVE
LAKE WORTH, FL 33467

Current Mailing Address:

7828 GOLD LENOX COVE
LAKE WORTH, FL 33467

New Mailing Address:

FEI Number: 38-3705119 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HELGESEN, ANDREW ESQ.
11380 PROSPERITY FARMS ROAD, SUITE 201
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KLEIN, JACQUELINE
Address: 7828 GOLD LENOX COVE
City-St-Zip: LAKE WORTH, FL 33467

Title: MGR () Delete
Name: KLEIN, DAVID
Address: 7828 GOLD LENOX COVE
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KLEIN, JACQUELINE
Address: 7828 GOLD LENOX COVE
City-St-Zip: LAKE WORTH, FL 33467

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 KLEIN

MGR

03/19/2009

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