

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000000486

Entity Name: TC WINDOWS, LLC

FILED
Apr 03, 2006
Secretary of State

Current Principal Place of Business:

3291 SOUTH SANFORD AVE., #77
SANFORD, FL 32773

New Principal Place of Business:

Current Mailing Address:

3291 SOUTH SANFORD AVE., #77
SANFORD, FL 32773

New Mailing Address:

FEI Number: 54-2164821

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CLAIRMONT, TYRONE
3291 SOUTH SANFORD AVE., #77
SANFORD, FL 32773 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: CLAIRMONT, TYRONE
Address: 3291 SOUTH SANFORD AVE., #77
City-St-Zip: SANFORD, FL 32773

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGRM () Change (X) Addition
Name: HAYLES, TIFFANY S
Address: 401 W SEMINOLE BLVD.
City-St-Zip: SANFORD, FL 32773 US

I hereby certify that the information supplied with this filing does not qualify for the 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: TIFFANY S. HAYLES

MGRM

04/03/2006

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