2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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FILED
May 30, 2006 8:00 am
Secretary of State

03-21-2006 90295 043 ****50.00

DOCUMENT # L05000024402

1. Entity Name

ORLANDO GLASS, LLC

Principal Place of Business	Mailing Address
~~20138 MARLIN ST ORLANDO FL 32833~~	20138 MARLIN ST ORLANDO FL 32833

New Address ✓

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. 2626 Albion Ave.		Suite, Apt. #, etc. 2626 Albion Ave	
City & State Orlando Fl.		City & State Orlando Fl.	
Zip 32833	Country	Zip 32833	Country

1st MOORE CR2E083 (10/05)

4. FEI Number 202469433 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~MILLS, CASEY L 20138 MARLIN ST ORLANDO FL 32833~~	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City FL Zip Code

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 Casey L Mills 3-9-06
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			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MILLS, CASEY L		NAME		
STREET ADDRESS	20138 MARLIN ST		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32833		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Casey L Mills Casey L. Mills 3-9-06 407-402-3705
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #