

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90018 019 ****50.00

DOCUMENT # L05000027588	
1. Entity Name ACE GLASS, LLC	

Principal Place of Business 16900 FIRST STREET E UNIT 103 N REDINGTON BEACH, FL 33708 US	Mailing Address 16900 FIRST STREET E UNIT 103 N REDINGTON BEACH, FL 33708 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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01152007 Chg-LLC CR2E083 (12/06)

4. FEI Number NOT APPLICABLE	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301	7. Name and Address of New Registered Agent Name PATRICK L. MONACO Street Address (P.O. Box Number is Not Acceptable) 16900 FIRST STREET E City NORTH REDINGTON BEACH FL Zip Code 33708
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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 Patrick L Monaco	Patrick L Monaco	DATE 1-16-07

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MONACO, PATRICK 16900 FIRST STREET E, UNIT 103 N REDINGTON BEACH, FL 33708 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Patrick L Monaco Patrick L Monaco 1-16-07 (727) 458-3894
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #