

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000030153

FILED
Jan 11, 2009
Secretary of State

Entity Name: ACR WINDOWS, LLC.

Current Principal Place of Business:

9300 WEST BAY HARBOR DRIVE
SUITE . #4-B
BAY HARBOR ISLANDS, FL 33154 US

Current Mailing Address:

9300 WEST BAY HARBOR DRIVE
C/O WALLACE, SUITE #4-B
BAY HARBOR ISLANDS, FL 33154 US

FEI Number: 37-1507248

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALLACE, CHARLES E
9300 WEST BAY HARBOR DRIVE
APT. #4-B
BAY HARBOR ISLANDS, FL 33154 US

New Principal Place of Business:

9300 WEST BAY HARBOR DRIVE
C/O WALLACE - SUITE . #4-B
BAY HARBOR ISLANDS, FL 33154 US

New Mailing Address:

9300 WEST BAY HARBOR DRIVE
C/O WALLACE - SUITE . #4-B
BAY HARBOR ISLANDS, FL 33154 US

Name and Address of New Registered Agent:

WALLACE, CHARLES E M/M
9300 WEST BAY HARBOR DRIVE
APT. #4-B
BAY HARBOR ISLANDS, FL 33154 US

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: CHARLES E. WALLACE

01/11/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: M/M () Delete
Name: WALLACE, CHARLES E
Address: 9300 WEST BAY HARBOR DRIVE
City-St-Zip: BAY HARBOR ISLANDS, FL 33154 US

ADDITIONS/CHANGES:

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: CHARLES E. WALLACE

M/M

01/11/2009

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