

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000037383

FILED  
Sep 06, 2006  
Secretary of State

**Entity Name:** GURR'S GLASS SERVICE, LLC

**Current Principal Place of Business:**

360 GRAY FARM RD  
HAVANA, FL 32333 US

**New Principal Place of Business:**

**Current Mailing Address:**

360 GRAY FARM RD  
HAVANA, FL 32333 US

**New Mailing Address:**

FEI Number: 20-2686295      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

GURR, LOUISE  
3324 VASSAR CT  
TALLAHASSEE, FL 32308 US

**Name and Address of New Registered Agent:**

GURR, LEIGH E  
360 GRAY FARM RD  
HAVANA, FL 32333 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: LEIGH E GURR

09/06/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GURR, WILLIAM R  
Address: 360 GRAY FARM RD  
City-St-Zip: HAVANA, FL 32333 US

Title: MGRM (X) Delete  
Name: GURR, LEIGH E  
Address: 360 GRAY FARM RD  
City-St-Zip: HAVANA, FL 32333 US

**ADDITIONS/CHANGES:**

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

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

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: WILLIAM R GURR

MGRM

09/06/2006

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