

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000048789
 1. Entity Name
WINDOW TINTING SERVICE LIMITED LIABILITY COMPANY



Principal Place of Business 1171 US. HWY. 90 DEFUNIAK SPRINGS, FL 32435	Mailing Address 1171 US. HWY. 90 DEFUNIAK SPRINGS, FL 32435
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DO NOT WRITE IN THIS SPACE



01042007No Chg-LLC CR2E083 (11/05)

4. FEI Number 01-0835955	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SOUDERS, GARY H
 147 NUSOM DRIVE
 DEFUNIAK SPRINGS, FL 32433

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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: *Gary H. Souders* Manager DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SOUDERS, GARY H 147 NUSOM DR DEFUNIAK SPRINGS, FL 32433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/01/07-80026-015 55.00

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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: *Gary H. Souders* GARY H. SOUDERS DATE: _____ DAYTIME PHONE #: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE