## 2006 LIMITED LIABILITY COMPANY

## Apr 13, 2006 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT #L05000067311 04-13-2006 90043 019 \*\*\*\*55.00 1. Entity Name **ALUMINUM & VINYL SPECIALISTS, LLC** Principal Place of Business Mailing Address 1750 FOWLER STREET 1750 FOWLER STREET FORT MYERS, FL 3301 FORT MYERS, FL 33901 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04072006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEt Number Applied For 83-0435298 Not Applicable Country Ziu Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RANDOLPH, MICHAEL D ESQ. Street Address (P.O. Box Number is Not Acceptable) 1619 JACKSON STREET FORT MYERS, FL 33901 City Zip Code F 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, booker or with name of legitive diagon wand the face code. CVENT REGISTER AND CARROLLES CONTRACTOR AND CONTRAC . A1. Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10 9. MGRM TITLE ☐ Change ■ Addition TITLE □ Delete WAYBRIGHT, RUSSELL 1.AME NAME STREET ADDRESS 1750 FOWLER STREET STREET ADDRESS CITY ST ZII' FORT MYERS, FL 33901 CITY ST 70° MGRM ☐ Change ■ Addition TITLE □ Delete TITLE WAYBRIGHT, MARK LAME I.AME STREET ALCORESS 1750 FOWLER STREET STREET ADDRESS CITY ST 7IP CHY ST 7P FORT MYERS, FL 33901 ☐ Change ■ Defete Addition TITLE TITLE I,AME I.AME STREET ADDRESS STREET ADDRESS CITY ST ZII' CITY ST 78P TITLE Delete TITLE □ Change ☐ Addition **LAME LAME** STREET ANDRESS STREET ADDRESS CITY ST ZIP CITY ST 70° ☐ Change ☐ Addition ☐ Delete MLE TITLE HAME 1.ALIF STREET ALLORESS STREET ALLORESS CITY ST ZIP CITY ST ZIP Change ☐ Addition TITLE ☐ Delete TITLE LAME I. A LOF STREET ADDRESS STREET ADDRESS CITY ST ZIF CITY ST ZIP

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11. Thereby 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 inclicated 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 described as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER. MANAGER, OR AUTHORIZED REPRESENTATIVE , di Light of Photos