

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000076065

**Entity Name:** WINDSHIELD HPS JAX, LLC

**FILED**  
**Apr 20, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

8555 HAVERHILL ST.  
JACKSONVILLE, FL 32211

**New Principal Place of Business:**

**Current Mailing Address:**

8555 HAVERHILL ST.  
JACKSONVILLE, FL 32211

**New Mailing Address:**

**FEI Number:** 20-3300408

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SWARY, WILLIAM M  
8555 HAVERHILL ST.  
JACKSONVILLE, FL, FL 32211 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MR. ( ) Delete  
Name: SWARY, WILLIAM M  
Address: 8555 HAVERHILL ST.  
City-St-Zip: JACKSONVILLE, FL 32211

**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 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 M SWARY

MR

04/20/2007

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