

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000086993**

1. Entity Name  
**A CLEAR VIEW WINDOW SERVICES, LLC**



Principal Place of Business  
**2422 MAYWOOD ST.  
EUSTIS, FL 32726**

Mailing Address  
**2422 MAYWOOD ST.  
EUSTIS, FL 32726**



02042008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-3403233**

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ **\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**HARRISON, BARBARA E  
2422 MAYWOOD ST.  
EUSTIS, FL 32726**

**DO NOT WRITE  
IN THIS SPACE**

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

*Barbara E Harrison*  
Signature, typed or printed name of registered agent and title if applicable.

*Barbara E Harrison*

(NOTE: Registered Agent signature required when translating)

*2/22/08*

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

U00000840354  
02/05/08 00043 021 143.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
HARRISON, BARBARA E  
2422 MAYWOOD ST.  
EUSTIS, FL 32726**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
COLLINS, ALICIA  
2422 MAYWOOD ST  
EUSTIS, FL 32726**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Alicia Collins*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*2-22-08 (352) 383-4002*