

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000092737

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Entity Name:** SURVIVALITE IMPACT WINDOW SYSTEMS, LLC

**Current Principal Place of Business:**

1385 MORNINGSIDE DR.  
MOUNT DORA, FL 32757

**New Principal Place of Business:**

**Current Mailing Address:**

1385 MORNINGSIDE DR.  
MOUNT DORA, FL 32757

**New Mailing Address:**

**FEI Number:** 20-5473393

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SUDLOW, WILLIAM  
1385 MORNINGSIDE DR  
MOUNT DORA, FL 32757 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:** MGRM  
**Name:** SUDLOW, WILLIAM C  
**Address:** 1385 MORNINGSIDE DR  
**City-St-Zip:** MOUNT DORA, FL 32757

**Title:** MGR  
**Name:** BLANK, ARVIN  
**Address:** 14142 DELHEAN CIRCLE  
**City-St-Zip:** ORLANDO, FL 32828

**Title:** MGR  
**Name:** SUDLOW, WILLIAM P  
**Address:** 1385 MORNINGSIDE DR  
**City-St-Zip:** MOUNT DORA, FL 32757

**Title:** MGR  
**Name:** MALAK, JAMES P  
**Address:** 2501 CROOKED LAKE CLUB BLVD  
**City-St-Zip:** EUSTIS, FL 32726

I hereby 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 C. SUDLOW

MM

04/27/2012

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