



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 07, 2006 8:00 am**  
**Secretary of State**

01-20-2006 90049 028 \*\*\*150.00  
02-17-2006 90019 004 \*\*\*\*55.00

<b>DOCUMENT # L05000096047</b>																																															
1. Entity Name <b>GUARDIAN-ANGELS-WINDOW-AND-DOOR-PROTECTION, LLC</b>																																															
Principal Place of Business <b>4060 COQUINA AVENUE TITUSVILLE FL 32780</b>			Mailing Address <b>4060 COQUINA AVENUE TITUSVILLE FL 32780</b>																																												
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Suite, Apt. #, etc.		Suite, Apt. #, etc.																																													
City & State <b>Titusville - Fl.</b>		City & State <b>Titusville Fla</b>		4. FEI Number <b>16-1731332</b>																																											
Zip <b>32780</b>		Country <b>Breard</b>		Applied For <input checked="" type="checkbox"/> Not Applicable																																											
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required																																													
6. Name and Address of Current Registered Agent <b>BIRTLEY, DAVID R 4060 COQUINA AVENUE TITUSVILLE FL 32780</b>			7. Name and Address of New Registered Agent																																												
			Name <b>N/A</b>																																												
			Street Address (P.O. Box Number is Not Acceptable)																																												
			City																																												
			FL Zip Code																																												
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 <u>David R Birtley</u> <b>MGRM</b> DATE <b>2-4-06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																															
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2006</b>																																															
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>MGRM BIRTLEY, DAVID R 4060 CONQUINA AVENUE TITUSVILLE FL 32780</td> <td><input type="checkbox"/> Delete</td> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>MGRM SLOAN, JESSE R 4060 CONQUINA AVENUE TITUSVILLE FL 32780</td> <td><input type="checkbox"/> Delete</td> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td><input type="checkbox"/> Delete</td> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td><input type="checkbox"/> Delete</td> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td><input type="checkbox"/> Delete</td> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td><input type="checkbox"/> Delete</td> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </tbody> </table>						9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BIRTLEY, DAVID R 4060 CONQUINA AVENUE TITUSVILLE FL 32780	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SLOAN, JESSE R 4060 CONQUINA AVENUE TITUSVILLE FL 32780	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>David R Birtley</u> <b>MGRM</b> <b>2-4-06</b> <b>921 747-0093</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																																															

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000096047			
1. Entity Name GUARDIAN ANGELS WINDOW AND DOOR PROTECTION, LLC			
Principal Place of Business 4060 COQUINA AVENUE TITUSVILLE, FL 32780 <i>235/A Willow St</i>		Mailing Address 4060 COQUINA AVENUE TITUSVILLE, FL 32780	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Titusville</i>		City & State	
Zip <i>32780</i>	Country <i>USA</i>	Zip <i>32780</i>	Country
6. Name and Address of Current Registered Agent  BIRTLEY, DAVID R 4060 COQUINA AVENUE TITUSVILLE, FL 32780		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <i>David R Birtley</i> <small>Signature, typed or printed name of registered agent and his or her address.</small>		DATE <i>1-17-06</i> <small>(NOTE: Registered Agent Signature required when releasing)</small>	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BIRTLEY, DAVID R 4060 CONQUINA AVENUE TITUSVILLE, FL 32780 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: <i>David R Birtley</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		DATE <i>1-17-06</i> (321) 747-0093 <small>Date Daytime Phone #</small>	

ATTACHMENT

16-1731332

30001871

01182006 Chg-LLC CR2E083 (11/05) *We have one*4. FEI Number *16-17332* ☒ Applied For ☐ Not Applicable5. Certificate of Status Desired ☐ \$5.00 Additional Fee RequiredSIGNATURE *David R Birtley*Signature, typed or printed name of registered agent and his or her address.(NOTE: Registered Agent Signature required when releasing)*1-17-06*Filing Fee is \$50.00  
Due by May 1, 2006Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

## 10. ADDITIONS/CHANGES

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SIGNATURE: *David R Birtley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MEMBER, OR AUTHORIZED REPRESENTATIVE*1-17-06* (321) 747-0093DateDaytime Phone #



MENT  
ATTACHMENT

30601871

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 27, 2006

GUARDIAN ANGELS WINDOW AND DOOR PROTECTION, LLC  
4060 COQUINA AVENUE  
TITUSVILLE, FL 32780

Subject: GUARDIAN ANGELS WINDOW AND DOOR PROTECTION, LLC

Reference Number: 605000096047

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE

ANNUAL REPORTS SECTION

P.O. BOX 6478 - Tallahassee, Florida 32314



ATTACHMENT

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 20, 2006

GUARDIAN ANGELS WINDOW AND DOOR PROTECTION, LLC  
4060 COQUINA AVENUE  
TITUSVILLE, FL 32780

Subject: GUARDIAN ANGELS WINDOW AND DOOR PROTECTION, LLC

Reference Number: L05000096047

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$205.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/rm

ANNUAL REPORTS SECTION



ATTACHMENT

30001871

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 20, 2006

GUARDIAN ANGELS WINDOW AND DOOR PROTECTION, LLC  
4060 COQUINA AVENUE  
TITUSVILLE, FL 32780

Subject: GUARDIAN ANGELS WINDOW AND DOOR PROTECTION, LLC

Reference Number: L05000096047

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The Federal Employer Identification Number listed in Block 4 appears to be invalid. An FEI number is comprised of nine digits and it is not the same as your Social Security number. Please amend your document accordingly. For more information about the FEI number, please call the Internal Revenue Service at 1-800-829-1040.

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/ms

ANNUAL REPORTS SECTION