


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State


03-06-2006 90200 013 ****50.00

DOCUMENT # L05000096603	
1. Entity Name DRAPERY SERVICE, LLC	

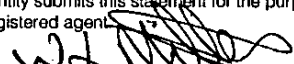
Principal Place of Business 2576 SUNSET POINT ROAD CLEARWATER, FL 33765	Mailing Address 2576 SUNSET POINT ROAD CLEARWATER, FL 33765
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2. Principal Place of Business 1175 N. HERCULES AVE.	3. Mailing Address 1175 N. HERCULES AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State CLEARWATER FL.	City & State CLEARWATER FL.
Zip 33765	Country USA

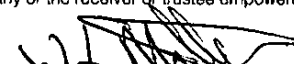
	
03012006 Chg-LLC	CR2E083 (11/05)
4. FEI Number 20-3037847	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent RANDAZZO, JOSEPH 2576 SUNSET POINT ROAD CLEARWATER, FL 33765	
7. Name and Address of New Registered Agent Name CRAMPION USA INC DBA DRAPERY SERVICE Street Address (P.O. Box Number is Not Acceptable) 1175 N. HERCULES AVE. City CLEARWATER FL Zip Code 33765	

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 	DATE 3/2/06
(NOTE: Registered Agent signature required when reinstating)	

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGER RANDAZZO JOSEPH 2576 SUNSET POINT RD CLEARWATER FL 33765 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	C.E.O. MILLER WILLIAM L. 1175 N. HERCULES AVE. CLEARWATER FL. 33765 <input type="checkbox"/> Change <input checked="" 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 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:  W. L. MILLER	DATE 3/2/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	
Daytime Phone #	