

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 25, 2008 8:00 am
Secretary of State

08-25-2008 90092 035 ***538.75

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08212008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L05000097275					
1. Entity Name FLORIDA WINDOW COMPANY LLC					
Principal Place of Business 3900 FISCAL COURT RIVIERA BEACH, FL 33404 US			Mailing Address 3900 FISCAL COURT RIVIERA BEACH, FL 33404 US		
2. Principal Place of Business - No P.O. Box # 11360 NW JOG RD		3. Mailing Address 11360 NW JOG RD			
Suite, Apt. #, etc. 102		Suite, Apt. #, etc. 102			
City & State Palm Beach Gardens, FL		City & State Palm Beach Gardens, FL			
Zip 33418	Country US	Zip 33418	Country US	4. FEI Number 59-3813846	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BRUCE E. LOREN & ASSOCIATES 2000 PALM BEACH LAKES BLVD., STE. 501 WEST PALM BEACH, FL 33409			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City, State, Zip Code <div style="text-align: right;">FL</div>		
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 <u>8/20/08</u>		
(NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERMAN, SCOTT 3900 FISCAL COURT RIVIERA BEACH, FL 33404		TITLE NAME STREET ADDRESS CITY-ST-ZIP	11360 NW JOG RD Suite 102 Palm Beach Gardens FL 33418	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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	
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 recorder or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:			DATE <u>8/20/08</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING BOARDING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #		