2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED Feb 14, 2007 08:00 AN Secretary of State DOCUMENT # L05000106361 1. Entity Name WINDOWS & DOORS "LLC" Principal Place of Business Mailing Address 30 SANCTUARY AVE 30 SANCTUARY AVE DEBARY FL 32713 DEBARY FL 32713 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State City & State Applied For 4. FEI Numbor 50-3712136 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo PADILLA, MARIO I Street Address (P.O. Box Number is Not Acceptable) 30 SANCTUARY AVE DEBARY FL 32713 City 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, typed or printed name of registered agent and lifle if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE MGR Detete [] Change Addition NAME. PADILLA, MARIO I STREET ADDRESS 30 SANCTUARY AVE STREET ADDRESS U00000636169 CITY-SI-ZIP CITY-ST-ZIP DEBARY FL 32713 TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP HILE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZLP CITY-ST-7/P TITLE □ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP 11111 ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP mic ☐ Delete TITLE Change ☐ Addition NAMI* NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

STURE: May Florid MAN DE LANGE DE PRINTED NAME OF SIGNING MANAGER OF AUTHORIZED BEDRESENTATIVE DELLE D

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.