

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90153 011 ****50.00

DOCUMENT # L05000106793

1. Entity Name

DISTINCTIVE GLASS AND MIRROR LLC



Principal Place of Business

1920 ELSA STREET
NAPLES FL 34109

Mailing Address

1920 ELSA STREET
NAPLES FL 34109



2. Principal Place of Business

1495 Rail Head BLVD.

Suite, Apt. #, etc.

Suite #12

City & State

Naples, Florida

Zip

34110

Country

USA

3. Mailing Address

1495 Rail Head BLVD.

Suite, Apt. #, etc.

Suite #12

City & State

Naples, Florida

Zip

34110

Country

USA

1st MOORE

CR2E083 (10/05)

4. FEI Number

41-2187020

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMALLBIZ AGENTS, LLC
4244 W. TENNESSEE STREET
#185
TALLAHASSEE FL 32304

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME MASSARD, ROLANDO
STREET ADDRESS 1920 ELSA STREET
CITY-ST-ZIP NAPLES FL 34109 ☐ Delete

TITLE MGRM
NAME WOLF, ROBERT
STREET ADDRESS 1920 ELSA STREET
CITY-ST-ZIP NAPLES FL 34109 ☐ Delete

TITLE MGRM
NAME CALL, STEVE
STREET ADDRESS 1920 ELSA STREET
CITY-ST-ZIP NAPLES FL 34109 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Robert C. Wolf

Robert C. Wolf

1-26-06

239-597-1141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #