

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000123565

**FILED**  
**May 10, 2010**  
**Secretary of State**

**Entity Name:** TINA CHARIE BONTKE CLEAR VIEW WINDOWS LLC.

**Current Principal Place of Business:**

5452 WALES AVE  
PENSACOLA, FL 32526

**New Principal Place of Business:**

5959 PERNELLA DR.  
PENSACOLA, FL 32504

**Current Mailing Address:**

5452 WALES AVE.  
PENSACOLA, FL 32526

**New Mailing Address:**

5959 PERNELLA DR.  
PENSACOLA, FL 32504

**FEI Number:** 56-2550204      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

BONTKE, TINA C  
5452 WALES AVE.  
PENSACOLA, FL 32526      US

**Name and Address of New Registered Agent:**

BONTKE, TINA C  
5959 PERNELLA DR.  
PENSACOLA, FL 32504      US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

05/10/2010

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** BONTKE, TINA C  
**Address:** 5959 PERNELLA DR.  
**City-St-Zip:** PENSACOLA, FL 32504 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: TINA CHARIE BONTKE

MGR

05/10/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date