

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000002274

**FILED**  
**May 03, 2010**  
**Secretary of State**

**Entity Name:** NEXGEN FRAMING SYSTEM LLC

**Current Principal Place of Business:**

2074 MEADOWLANE AVENUE  
WEST MELBOURNE, FL 32904 US

**New Principal Place of Business:**

445 STAN DRIVE  
SUITE 1  
WEST MELBOURNE, FL 32904 US

**Current Mailing Address:**

2074 MEADOWLANE AVENUE  
WEST MELBOURNE, FL 32904 US

**New Mailing Address:**

445 STAN DRIVE  
SUITE 1  
WEST MELBOURNE, FL 32904 US

**FEI Number:** 20-4732531      **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:**

SINGLETON, CLIFTON  
2074 MEADOWLANE AVENUE  
WEST MELBOURNE, FL 32904 US

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

SINGLETON, CLIFTON  
445 STAN DRIVE  
SUITE 1  
WEST MELBOURNE, FL 32904 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

05/03/2010

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SINGLETON, CLIFTON  
Address: 2074 MEADOWLANE AVENUE  
City-St-Zip: WEST MELBOURNE, FL 32904 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: CLIFTON D SINGLETON

MGMR

05/03/2010

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