

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 23, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000003506

1. Entity Name
CML WINDOW AND DOOR, LLC



Principal Place of Business
2915 WEST DUNNELLON ROAD
DUNNELLON, FL 34433

Mailing Address
POST OFFICE BOX 789
DUNNELLON, FL 34430



01042008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4092692

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOSEPH & COMPANY CERTIFIED PUBLIC ACCOUNTA
2450 NORTH CITRUS HILLS BOULEVARD
HERNANDO, FL 34442

**DO NOT WRITE
IN THIS SPACE**

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 \$138.75
After May 1, 2008 Fee will be \$538.75

U000000792078
01/23/08-80104-003 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
CEPRANO, MARY ANN
2637 W EXPRESS LANE
LECANTO, FL 34461

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
NICHOLS, CAROL
2981 W DUNNELLON RD
DUNNELLON, FL 34433

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
NICHOLS, PHILIP
10482 N NATCHEZ LOOP
DUNNELLON, FL 34432

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes

SIGNATURE:

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

1/18/08

Date

352-946-1431

Daytime Phone #