

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000003506

FILED
Jan 23, 2009
Secretary of State

Entity Name: CML WINDOW AND DOOR, LLC

Current Principal Place of Business:

2915 WEST DUNNELLON ROAD
DUNNELLON, FL 34433

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 789
DUNNELLON, FL 34430

New Mailing Address:

FEI Number: 20-4092692

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

NICHOLS, CAROL S
2981 W DUNNELLON RD
DUNNELLON, FL 34433 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: CAROL S. NICHOLS

01/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CEPRANO, MARY ANN
Address: 2637 W EXPRESS LANE
City-St-Zip: LECANTO, FL 34461

Title: MGRM () Delete
Name: NICHOLS, CAROL
Address: 2981 W DUNNELLON RD
City-St-Zip: DUNNELLON, FL 34433

Title: MGRM () Delete
Name: NICHOLS, PHILIP
Address: 10482 N NATCHEZ LOOP
City-St-Zip: DUNNELLON, FL 34432

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: CAROL S. NICHOLS

MGRM

01/23/2009

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