

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90082 003 ****55.00

DOCUMENT # L06000017487

1. Entity Name

FENESTRATION TECHNOLOGY, LLC



Principal Place of Business

10089 WILLMINGTON BLVD
ENGLEWOOD FL 34224
US

Mailing Address

10089 WILLMINGTON BLVD
ENGLEWOOD FL 34224
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

Name

FRANCES E. PAGEN

Street Address (P.O. Box Number is Not Acceptable)

10089 Willmington Blvd.

City

Englewood

FL

Zip Code

34224

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

Thomas E. Pagen

(NOTE: Registered Agent signature required when reinstating)

1-19-07

DATE

Thomas E. Pagen

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME PAGEN, CHARLES A
STREET ADDRESS 10089 WILLMINGTON BLVD
CITY - ST - ZIP ENGLEWOOD FL 34224

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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TITLE ☐ Delete
NAME
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CITY - ST - ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

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

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:

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

Charles A. Pagen

1-19-07

Date

(941) 473-9331

Daytime Phone #