

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

01-26-2007 90081 018 ****50.00

DOCUMENT # L06000025500

1. Entity Name

GLENFIELD EXTERIORS LLC.



Principal Place of Business

2309 INDIGO AVE.
MIDDLEBURG FL 32068
US

Mailing Address

2309 INDIGO AVE.
MIDDLEBURG FL 32068
US



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

2309 Indigo Arc

Suite, Apt. #, etc.

3. Mailing Address

2309 Indigo Arc

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/06)

City & State

Middleburg FL

City & State

Middleburg FL

4. FEI Number

204457516

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

Zip

Country

USA

Zip

Country

32068

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SILVESTER, FRANK E III
2309 INDIGO AVE.
MIDDLEBURG FL 32068

Name

Frank E. Silvester III

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

2309 Indigo Arc

City

Middleburg

FL

Zip Code

32068

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 *Frank E. Silvester III*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGR	<input type="checkbox"/> Delete
NAME	SILVESTER, FRANK E III	
STREET ADDRESS	2309 INDIGO AVE.	
CITY ST ZIP	MIDDLEBURG FL 32068	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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NAME		
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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: *Frank E. Silvester III*

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

Date

Daytime Phone #