

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000027631

**FILED**  
**Feb 19, 2007**  
**Secretary of State**

**Entity Name:** WINDSHIELD OF JACKSONVILLE, LLC

**Current Principal Place of Business:**

10920 BAYMEADOWS RD  
SUITE 27 BOX 109  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

6919 DISTRIBUTION AVE S  
SUITE #5  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

10920 BAYMEADOWS RD  
SUITE 27 BOX 109  
JACKSONVILLE, FL 32256

**New Mailing Address:**

6919 DISTRIBUTION AVE S  
SUITE #5  
JACKSONVILLE, FL 32256

**FEI Number:** 20-4618675

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HUNTER, LEWIS B JR.  
4201 BAYMEADOWS RD  
SUITE 4  
JACKSONVILLE, FL 32217 US

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

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

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HENDRICKSON, RON  
Address: 10920 BAYMEADOWS RD SUITE 27 BOX 109  
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGRM ( ) Delete  
Name: SIPLE, CAMERON D  
Address: 2842 DAFFODIL CIRCLE WEST  
City-St-Zip: JACKSONVILLE, FL 32246

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: HENDRICKSON, RON  
Address: 8298 LAKEMONT DRIVE  
City-St-Zip: JACKSONVILLE, FL 32216

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

I hereby certify that the information supplied with this filing does not qualify for the 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:** CAMERON D. SIPLE

MGRM

02/19/2007

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