

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000038235

FILED
Jul 14, 2007
Secretary of State

Entity Name: WINDSHIELD OF VOLUSIA, LLC

Current Principal Place of Business:

20249 WIYGUL ROAD
UMATILLA, FL 32784

New Principal Place of Business:

Current Mailing Address:

20249 WIYGUL ROAD
UMATILLA, FL 32784 US

New Mailing Address:

FEI Number: 20-4687535 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

VANDERHOOF, RONDA L
20249 WIYGUL ROAD
UMATILLA, FL 32784 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: VANDERHOOF, RONDA L
Address: 20249 WIYGUL ROAD
City-St-Zip: UMATILLA, FL 32784 US

Title: MGRM () Delete
Name: HENDRICKSON, OSCAR A
Address: 55748 NAN DRIVE
City-St-Zip: ASTOR, FL 32102 US

Title: MGRM () Delete
Name: VANDERHOOF, WILLIAM A
Address: 20249 WIYGUL ROAD
City-St-Zip: UMATILLA, FL 32784 US

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: RONDA VANDERHOOF

MGR

07/14/2007

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