

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90205 018 ****55.00

DOCUMENT # L06000065911



1. Entity Name
VENIE WINDOWS, LLC

Principal Place of Business
2513 HAVANA DRIVE
MIRAMAR, FL 33023

Mailing Address
2513 HAVANA DRIVE
MIRAMAR, FL 33023

20000036



2. Principal Place of Business - No P.O. Box #
2513 HAVANA DRIVE
— Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.

01032007 Chg-LLC CR2E083 (12/06)

City & State
MIRAMAR, FLORIDA
Zip
33023

City & State

4. FEI Number **14-196-9373**

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

BLANCO, OMAR A SR
2513 HAVANA DRIVE
MIRAMAR, FL 33023

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

01-04-07

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
BLANCO, OMAR A SR
2513 HAVANA DRIVE
MIRAMAR, FL 33023 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
BLANCO, MARIA M SR
2513 HAVANA DRIVE
MIRAMAR, FL 33023 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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10. ADDITIONS/CHANGES

TITLE
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CITY - ST - ZIP
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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

Date

Daytime Phone #

01-04-07, 954-696-1407