


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000068623 1. Entity Name TRIPLE-THREAT WINDOW PROTECTION, LLC	
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FILED
Sep 03, 2008 08:00 AM
Secretary of State

Principal Place of Business 9899 INDIAN FORD ROAD MILTON, FL 32570 US	Mailing Address 9899 INDIAN FORD ROAD MILTON, FL 32570 US
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07072008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0781615	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

GEORGE, EMILE N
9899 INDIAN FORD ROAD
MILTON, FL 32570

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GEORGE, EMILE N 9899 INDIAN FORD ROAD MILTON, FL 32570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GEORGE, DANIEL LARAY 9899 INDIAN FORD ROAD MILTON, FL 32570
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09/03/08-80008-002 143.75

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IN THIS SPACE**

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: *Emile N. George*

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

7/9/08 850-418-4669

Date

Daytime Phone #

CK # 10851