

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

|                                               |                                                                                   |
|-----------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L06000119453</b>                |  |
| <b>1. Entry Name</b><br>RJ'S GARAGE DOORS LLC |                                                                                   |

|                                                                              |                                                                  |
|------------------------------------------------------------------------------|------------------------------------------------------------------|
| <b>Principal Place of Business</b><br>3458 WESTFORD DRIVE<br>APOPKA FL 32712 | <b>Mailing Address</b><br>3458 WESTFORD DRIVE<br>APOPKA FL 32712 |
|------------------------------------------------------------------------------|------------------------------------------------------------------|



|                                                       |                           |
|-------------------------------------------------------|---------------------------|
| <b>2. Principal Place of Business - No P.O. Box #</b> | <b>3. Mailing Address</b> |
| Suite, Apt. #, etc.                                   | Suite, Apt. #, etc.       |
| City & State                                          | City & State              |
| Zip                                                   | Country                   |

|                                                                  |                                                               |
|------------------------------------------------------------------|---------------------------------------------------------------|
| <b>4. FEI Number</b><br>22-3949119                               | <b>Applied For</b><br><input type="checkbox"/> Not Applicable |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> | <b>\$5.00 Additional Fee Required</b>                         |

|                                                                                                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------|
| <b>6. Name and Address of Current Registered Agent</b><br><br>SPIEGEL & UTRERA, P.A.<br>1840 SW 22ND ST.<br>4TH FLOOR<br>MIAMI FL 33145 |
|-----------------------------------------------------------------------------------------------------------------------------------------|

|                                                    |
|----------------------------------------------------|
| <b>7. Name and Address of New Registered Agent</b> |
| 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.**

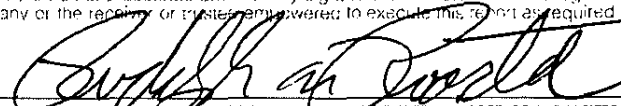
**SIGNATURE** \_\_\_\_\_ (Signature typed or printed name of registered agent is to be supplied.) **(NOTE: Registered agent's fee is required when filing this report.)** **DATE** \_\_\_\_\_

|                                                                                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008, Fee Will Be \$538.75</b><br><b>Make Check Payable to Florida Department of State</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------|

| <b>9. MANAGING MEMBERS/MANAGERS</b>                   |                                                                                                           |
|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGR</b><br>ROSTEL, RUDOLPH A<br>3458 WESTFORD DRIVE<br>APOPKA FL 32712 <input type="checkbox"/> Delete |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>ST</b><br>ROSTEL, RUDOLPH A<br>3458 WESTFORD DRIVE<br>APOPKA FL 32712 <input type="checkbox"/> Delete  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                           |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                           |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                           |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                           |

| <b>10. ADDITIONS/CHANGES</b>                          |                                                                                                                |
|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>U00000943698<br>05/29/08-80070-017 138.75 |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                              |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                              |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                              |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                              |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                              |

**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 809, Florida Statutes.**

**SIGNATURE:**  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE** **DATE** \_\_\_\_\_ **ENTER FEES** \_\_\_\_\_