2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Feb 04, 2008 8:00 am Secretary of State **DOCUMENT # L07000029175** PATRIOT AUTO GLASS, LLC Principal Place of Business Mailing Address **261 STARMOUNT DRIVE 261 STARMOUNT DRIVE** TALLAHASSEE, FL 32303 TALLAHASSEE, FL 32303 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01282008 CR2E083 (12/06) Chg-LLC 4. FEI Number City & State City & State Applied For AN-3700591 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CALDEIRA, AMY T 261 STARMOUNT DRIVE aldeira Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE, FL 32303 Stormount Drive Zip Code 32303 allahassee 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. Nember Managene SIGNATUR FILE NOW!!! FEE IS \$138.75 Make check payable to-After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES Managing Hember Mark A Caldeira TITLE ☐ Delete TΠLE ☐ Change ☐ Addition NAME NAME Ziei Stamount Dr STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Tallahasse 9 32303 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CETY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IME Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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.

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

SIGNATURE

FILED