

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000029175

Entity Name: PATRIOT AUTO GLASS, LLC

FILED
Jan 08, 2009
Secretary of State

Current Principal Place of Business:

2937 TIPPERARY DR.
TALLAHASSEE, FL 32309

New Principal Place of Business:

Current Mailing Address:

2937 TIPPERARY DR.
TALLAHASSEE, FL 32309

New Mailing Address:

FEI Number: 20-8700591

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CALDEIRA, MARK A
261 STARMOUNT DRIVE
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

CALDEIRA, MARK A
2937 TIPPERARY DR
TALLAHASSEE, FL 32309 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:

01/08/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CALDEIRA, MARK A
Address: 261 STARMOUNT DR
City-St-Zip: TALLAHASSEE, FL 32303

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CALDEIRA, MARK A
Address: 2937 TIPPERARY DR
City-St-Zip: TALLAHASSEE, FL 32309

Title: MGRM () Change (X) Addition
Name: CALDEIRA, AMY T
Address: 2937 TIPPERARY DR
City-St-Zip: TALLAHASSEE, FL 32309

Title: MGRM () Change (X) Addition
Name: TANNER, EVELYN L
Address: 210 CENTRAL AVE
City-St-Zip: ARCHER, FL 32618

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: AMY CALDEIRA

MGRM

01/08/2009

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