2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 03, 2008 8:00 am Secretary of State

DOCUMENT # L07000033411 1. Entity Name ULTIMATE WINDOW TINTING LLC							3 90404 044 ** [,]	*138.75	
Principal Place of Business Mailing Address						60 61 503) (
530 SADDLEWOOD LANE 5840 RED BUG LAKE RO WINTER SPRINGS, FL 32708 WINTER SPRINGS, FL 32				55				PRI HRENA (13 1884	
2. Principal Pi	3. Mailing Address	lailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02222008	Chg-LLC	CR2E083 (12/	06)		
City & State		City & State		4. FEI Numb	er 2052.	368	Applied For Not Applicable		
Zip	Zip Country Zip		Country			of Status Desired	□ \$5.00	Additional uired	
8. Name and Address of Current Registered Agent					7. Name and	Address of New	Registered Agent	-	
SARAO, DAVID A 530 SADDLEWOOD LANE				Name Street Add	ame reet Address (P.O. Box Number is Not Acceptable)				
WINTER SPRINGS, FL 32708									
45 J				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 Fforida. 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 reculred when reinstating) DATE									
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75							ke check payable la Department of S		
9	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS	CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SARAO DAVID A 530 SADDLEWOOD LANE						☐ Chai	nge 🗌 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			1			☐ Chai	nge Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		•	-			☐ Char	nge [] Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete				:	☐ Chai	nge 🗌 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete					☐ Chai	nge 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied with	☐ Delete	CITY	E Et address - St- 73p		*	☐ Char		

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 NEMBER, MANAGER, OR AUTHORIZED REPRESENTATE

02/22/08 (407)310-715

Daytime Phone #