

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000053479

**FILED**  
**Feb 28, 2011**  
**Secretary of State**

**Entity Name:** COX CUSTOM GLASS ENCLOSURES L.L.C.

**Current Principal Place of Business:**

2491 NURSERY RD, UNIT 49  
CLEARWATER, FL 337642759

**New Principal Place of Business:**

**Current Mailing Address:**

2491 NURSERY RD, UNIT 49  
CLEARWATER, FL 337642759

**New Mailing Address:**

**FEI Number:** 26-0306575

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COX, DAVID G  
2491 NURSERY RD UNIT 49  
CLEARWATER, FL 337642759 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** COX, MICHAEL J  
**Address:** 2491 NURSERY RD, UNIT 49  
**City-St-Zip:** CLEARWATER, FL 337642759 US

**Title:** CEO  
**Name:** COX, DAVID G  
**Address:** 2491 NURSERY RD, UNIT 49  
**City-St-Zip:** CLEARWATER, FL 337642759 US

**Title:** MGR  
**Name:** COX, STELLA M  
**Address:** 2491 NURSERY RD, UNIT 49  
**City-St-Zip:** CLEARWATER, FL 337642759

I hereby 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:** DAVID G. COX

CEO

02/28/2011

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