2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

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

03-03-2008 90403 028 ***138.75

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PRESTIGE IRON DOORS, LLC 60012023 Principal Place of Business Mailing Address **6716 DUNCASTER ST 6716 DUNCASTER ST** WINDERMERE, FL 34786 US WINDERMERE, FL 34786 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01102008 Chg-LLC CR2E083 (12/06) City & State Applied For City & State 4. FEI Number 26-077431 Not Applicable Zip Country \$5.00 Additional Zip Country 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GEHRHARDT, WAYNE Street Address (P.O. Box Number is Not Acceptable) **6716 DUNCASTER ST** WINDERMERE, FL 34786 City 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 and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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 10. ADDITIONS/CHANGES 9. MLE **MGRM** TITLE ☐ Change Addition ☐ Delete GEHRHARDT, WAYNE NAME NAME STREET ADDRESS 6716 DUNCASTER ST STREET ADDRESS WINDERMERE, FL 34786 CITY-ST-ZIP CITY-ST-7P ☐ Delete TITLE Change ☐ Addition TITLE GEHRHARDT, MARY NAME 6716 DUNCASTER ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINDERMERE, FL 34786 ☐ Change ☐ Addition TITLE Delete GEHRHARDT, ALLISON NAME NAME STREET ADDRESS 6716 DUNCASTER ST STREET ADDRESS CITY-ST-ZIP WINDERMERE, FL 34786 CITY-ST-ZIP ☐ Defete TITLE Change ☐ Addition GEHRHARDT, RYAN NAME NAME **6716 DUNCASTER ST** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINDERMERE, FL 34786 CITY-ST-ZIP Change ■ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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: VVIV V AND TYPED OR PRINTED NAME OF SIGNING MAIN ED REPRESENTATIVE