

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90223 002 ***138.75

DOCUMENT # L07000090302

1. Entity Name
HURRICANE WINDOW & DOOR TECHNOLOGIES, LLC



Principal Place of Business
**12141 CRYSTAL CONDO ROAD
FORT MYERS, FL ~~33912~~
33911**

Mailing Address
**12141 CRYSTAL CONDO ROAD
FORT MYERS, FL ~~33912~~
33911**

60019999



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02182008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
26-08 39517

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WHITESMAN, GUY E
1715 MONROE STREET
FORT MYERS, FL 33901**

Name

Street Address (P.O. Box Number is Not Acceptable)

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 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
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME MERHIGE, PETER
STREET ADDRESS 12141 CRYSTAL CONDO ROAD
CITY-ST-ZIP FORT MYERS, FL ~~33912~~ 33911 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE MGR
NAME STANEK, RON
STREET ADDRESS 12141 CRYSTAL CONDO ROAD
CITY-ST-ZIP FORT MYERS, FL ~~33912~~ 33911 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE MGR
NAME DAVIS, MARK
STREET ADDRESS 12141 CRYSTAL CONDO ROAD
CITY-ST-ZIP FORT MYERS, FL ~~33912~~ 33911 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Peter Merhige

4-3-2008

Daytime Phone #

239-768-3662