

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000097157

1. Entity Name  
MY OPEN WINDOW, LLC.



Principal Place of Business  
11175 MIKRIS DRIVE NORTH  
JACKSONVILLE, FL 32225 US

Mailing Address  
11175 MIKRIS DRIVE NORTH  
JACKSONVILLE, FL 32225 US

2. Principal Place of Business - No P.O. Box #  
Same as above  
Suite, Apt. #, etc.

3. Mailing Address  
Same as above  
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04072009 REIN-LLC CR2E101 (1/07)

4. FEI Number

26-1148413

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

## 8. Name and Address of Current Registered Agent

ABLOLA, MICHELLE L  
11175 MIKRIS DRIVE NORTH  
JACKSONVILLE, FL 32225

## 7. Name and Address of New Registered Agent

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

*Michelle L*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/8/09

DATE

**FILE NOW!!! FEE IS \$277.50**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete  
NAME ABLOLA, MICHELLE L  
STREET ADDRESS 11175 MIKRIS DRIVE NORTH  
CITY-ST-ZIP JACKSONVILLE, FL 32225

TITLE MGR ☐ Delete  
NAME ABLOLA, FRANCIS A  
STREET ADDRESS 11175 MIKRIS DRIVE NORTH  
CITY-ST-ZIP JACKSONVILLE, FL 32225

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

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

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

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

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

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

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

100150347041  
04/15/09--01035--007 \*\*277.50

**REINSTATEMENT 2008-09**

JB

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:

*Michelle L*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/8/09

Date

904-342-6858

Daytime Phone #