

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000124684

FILED
Jul 18, 2008
Secretary of State

Entity Name: EXPERT AUTO GLASS, LLC

Current Principal Place of Business:

5475 MAULE WAY STE 30
MANGONIA PARK, FL 33407

New Principal Place of Business:

Current Mailing Address:

6837 SEMINOLE PRATT & WHITNEY RD.
LOXAHATCHEE, FL 33470

New Mailing Address:

FEI Number: 20-4836305 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

RUCQUOI & ASSOCIATES, INC.
1225 45TH STREET, STE. #502
WEST PALM BEACH, FL 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: MGRM () Delete
Name: DESRUISSEAU, AWILDA I
Address: 6837 SEMINOLE PRATT & WHITNEY ROAD
City-St-Zip: LOXAHATCHEE, FL 33470

Title: MGRM () Delete
Name: DESRUISSEAU, MICHEL H
Address: 6837 SEMINOLE PRATT & WHITNEY ROAD
City-St-Zip: LOXAHATCHEE, FL 33470

ADDITIONS/CHANGES:

Title: CEO (X) Change () Addition
Name: DESRUISSEAU, AWILDA I
Address: 6837 SEMINOLE PRATT & WHITNEY ROAD
City-St-Zip: LOXAHATCHEE, FL 33470

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: AWILDA I. DESRUISSEAU

CEO

07/18/2008

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