

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000059868

FILED  
Jun 22, 2009  
Secretary of State

**Entity Name:** AMERICAN COMMERCIAL GLAZIERS LLC

**Current Principal Place of Business:**

3362 BOUGAINVILLEA DR  
WINTER PARK, FL 32792

**New Principal Place of Business:**

**Current Mailing Address:**

3362 BOUGAINVILLEA DR  
WINTER PARK, FL 32792

**New Mailing Address:**

FEI Number: 80-0202198      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:**

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

CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 US

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 ( ) Delete  
Name: SOUSA, CHRIS  
Address: 3362 BOUGAINVILLEA DR  
City-St-Zip: WINTER PARK, FL 32792

Title: MGR ( ) Delete  
Name: PREVOST, SCOT  
Address: 3362 BOUGAINVILLEA DR  
City-St-Zip: WINTER PARK, FL 32792

**ADDITIONS/CHANGES:**

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

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: SCOT PREVOST

MGR

06/22/2009

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