

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000043604

**FILED**  
**Jan 14, 2011**  
**Secretary of State**

**Entity Name:** CLEAR CHOICE WINDOWS OF NORTH FLORIDA, LLC

**Current Principal Place of Business:**

721 EAGLE POINT DRIVE  
ST. AUGUSTINE, FL 32092

**New Principal Place of Business:**

175 CUMBERLAND PARK DRIVE  
SUITE 102  
ST. AUGUSTINE, FL 32095

**Current Mailing Address:**

721 EAGLE POINT DRIVE  
ST. AUGUSTINE, FL 32092

**New Mailing Address:**

**FEI Number:** 27-2417018

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

GLAZIER & GLAZIER, PA  
8825 PERIMETER PARK BLVD SUITE 504  
JACKSONVILLE, FL 32215 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: PRES  
Name: REICH, DAVID G  
Address: 721 EAGLE POINT DRIVE  
City-St-Zip: ST AUGUSTINE, FL 32092

Title: VP  
Name: SORRENTINO, FRANK R  
Address: 175 CUMBERLAND PARK DRIVE  
City-St-Zip: ST AUGUSTINE, FL 32095

I hereby 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: DAVID REICH

PRES

01/14/2011

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