

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L98000002350 1. Entity Name SEA COAST WINDOW & DOOR, LLC.	
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Principal Place of Business 232 SW 5TH STREET POMPANO BEACH, FL 33060	Mailing Address 232 SW 5TH STREET POMPANO BEACH, FL 33060
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DO NOT WRITE IN THIS SPACE



01132005No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0871241	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SMITH, DENNIS C 11430 N.W. 24TH ST. PLANTATION, FL 33323	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when re-stating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

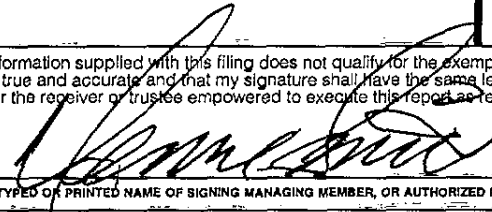
**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, DENNIS C 11430 NW 24TH STREET PLANTATION, FL 33323
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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  1/28/05 954-781-5008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____