

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000006391

FILED
Apr 06, 2007
Secretary of State

Entity Name: SAFELITE SOLUTIONS LLC

Current Principal Place of Business:

2400 FARMERS DRIVE
COLUMBUS, OH 43235

New Principal Place of Business:

Current Mailing Address:

2400 FARMERS DRIVE
COLUMBUS, OH 43235

New Mailing Address:

FEI Number: 56-2320299

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: WILSON, DAN H
Address: 2400 FARMERS DRIVE
City-St-Zip: COLUMBUS, OH 43235

Title: MGRM () Delete
Name: HERRON, DOUGLAS A
Address: 2400 FARMERS DRIVE
City-St-Zip: COLUMBUS, OH 43235

Title: MGRM () Delete
Name: FEENEY, THOMAS M
Address: 2400 FARMERS DRIVE
City-St-Zip: COLUMBUS, OH 43235

Title: MGRM () Delete
Name: RANDOLPH, JAMES R
Address: 2400 FARMERS DRIVE
City-St-Zip: COLUMBUS, OH 43235

Title: MGRM () Delete
Name: SMOKIK, MARK A
Address: 2400 FARMERS DRIVE
City-St-Zip: COLUMBUS, OH 43235

Title: MGRM () Delete
Name: JOHNSON, BRENT P
Address: 2400 FARMERS DRIVE
City-St-Zip: COLUMBUS, OH 43235

ADDITIONS/CHANGES:

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

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

Title: () Change () Addition
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Address:
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Title: () Change () Addition
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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 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: BRENT P. JOHNSON

MGRM

04/06/2007

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