2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2008 08:00 AM
Secretary of State

DOCUMENT # M99000000184

1. Entity Name
U.S. DOOR & BUILDING COMPONENTS, L.L.C.

Principal Place of Business	Mailing Address
10407 ROCKET BLVD. ORLANDO, FL 32824	10407 ROCKET BLVD ORLANDO, FL 32824

DO NOT WRITE IN THIS SPACE

01282008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
59-3522822
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MCLANE, JOHN L
10407 ROCKET BLVD,
ORLANDO, FL 32824

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MCLANE, JOHN L
STREET ADDRESS	10407 ROCKET BLVD
CITY-ST-ZIP	ORLANDO, FL 32824
TITLE	MGR
NAME	CORDES, CHIP
STREET ADDRESS	10407 ROCKET BLVD
CITY-ST-ZIP	ORLANDO, FL 32824
TITLE	MGR
NAME	PANICO, JAMES P
STREET ADDRESS	111 SOUTH MAITLAND AVE., SUITE 100
CITY-ST-ZIP	MAITLAND, FL 327515698
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000817125
02/14/08-80081-003 143.75

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #