

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000108027

**FILED**  
**Jan 15, 2018**  
**Secretary of State**  
**CC2591971415**

**Entity Name:** JOSE AND DAVE WINDOWS, LLC

**Current Principal Place of Business:**

33235 KAYLEE WAY  
LEESBURG, FL 34788

**Current Mailing Address:**

33235 KAYLEE WAY  
LEESBURG, FL 34788

**FEI Number:** 26-1304771

**Certificate of Status Desired:** No

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

ANGULO, JOSE C  
33235 KAYLEE WAY  
LEESBURG, FL 34788 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

**Authorized Person(s) Detail :**

Title	MGR	Title	MANAGER
Name	ANGULO, JOSE C	Name	HOYOS, ALBA M
Address	33235 KAYLEE WAY	Address	33235 KAYLEE WAY
City-State-Zip:	LEESBURG FL 34788	City-State-Zip:	LEESBURG FL 34788

Title            SUPERVISOR  
Name            ANGULO, CHRISTOPHER JOSE  
Address        33235 KAYLEE WAY  
City-State-Zip: LEESBURG FL 34788

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOSE C ANGULO

**MANAGER**

**01/15/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date