

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000067884

**Entity Name:** RON'S WINDOW COVERING LLC.

**Current Principal Place of Business:**

648 LAKESIDE DRIVE  
NORTH PALM BEACH, FL 33408

**Current Mailing Address:**

648 LAKESIDE DRIVE  
NORTH PALM BEACH, FL 33408

**FEI Number:** 27-2971505

**Certificate of Status Desired:** No

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

MOLYNEUX, RON  
648 LAKESIDE DRIVE  
NORTH PALM BEACH, FL 33408 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	BOSS
Name	MOLYNEUX, RON	Name	SMITH, SUZANNE S
Address	648 LAKESIDE DRIVE	Address	648 LAKESIDE DR
City-State-Zip:	NORTH PALM BEACH FL 33408	City-State-Zip:	NORTH PALM BEACH FL 33408

*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:** RON MOLYNEUX

**REGISTERED AGENT**

**01/24/2016**

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

\_\_\_\_\_  
Date