

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000114222

**Entity Name:** PANORAMA IMPACT WINDOWS LLC

**Current Principal Place of Business:**

8294 NW SOUTH RIVER DRIVE  
MEDLEY, FL 33166

**Current Mailing Address:**

8294 NW SOUTH RIVER DRIVE  
MEDLEY, FL 33166 US

**FEI Number:** 45-3559022

**Certificate of Status Desired:** No

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

THE GENESIS FIRM, LLC  
2500 NW 79TH AVENUE  
STE 169  
DORAL, FL 33122 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            AMBR  
Name            ALVAREZ, DANIEL A  
Address        8294 NW SOUTH RIVER DRIVE  
City-State-Zip: MEDLEY FL 33166

Title            AMBR  
Name            ALVAREZ, IVAN  
Address        8294 NW SOUTH RIVER DRIVE  
City-State-Zip: MEDLEY FL 33166

*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:** DANIEL ALVAREZ

AMBR

03/01/2016

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

\_\_\_\_\_  
Date