

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000114222

**Entity Name:** PANORAMA IMPACT WINDOWS LLC

**Current Principal Place of Business:**

4995 NW 79 AVE  
104  
MIAMI, FL 33166

**Current Mailing Address:**

4995 NW 79 AVE  
104  
MIAMI, FL 33166 US

**FEI Number:** 45-3559022

**Certificate of Status Desired:** No

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

ALVAREZ, DANIEL A  
4995 NW 79 AVE  
104  
MIAMI, FL 33166 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	MGR
Name	ALVAREZ, DANIEL A	Name	ALVAREZ, IVAN
Address	4995 NW 79 AVE 104	Address	4995 NW 79 AVE 104
City-State-Zip:	MIAMI FL 33166	City-State-Zip:	MIAMI 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 A ALVAREZ

**MANAGER**

**04/29/2014**

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

\_\_\_\_\_  
Date