

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000064892

**FILED**  
**Jan 16, 2017**  
**Secretary of State**  
**CC8814514215**

**Entity Name:** WINDOW DESIGN AND INSTALLATION, LLC

**Current Principal Place of Business:**

10653 NE QUAYBRIDGE CT  
MIAMI, FL 33138

**Current Mailing Address:**

10653 NE QUAYBRIDGE CT  
MIAMI, FL 33138

**FEI Number: 81-2095929**

**Certificate of Status Desired: No**

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

AMIN, CARLOS  
10653 NE QUAYBRIDGE CT  
MIAMI, FL 33138 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	Title	MGR
Name	AMIN, CARLOS	Name	AMIN, SAMIR
Address	10653 NE QUAYBRIDGE CT	Address	10653 NE QUAYBRIDGE CT
City-State-Zip:	MIAMI FL 33138	City-State-Zip:	MIAMI FL 33138

*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: SAMIR AMIN**

**MANAGER**

**01/16/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date