2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-04-2005 90426 005 ****50.00

DOCUMENT # L04000002044

1. Entity Name
AMERICAN AWNING & SCREENING, LLC

Principal Place of Business	Mailing Address
596 INDIAN ROCKS ROAD N BELLEAIR BLUFFS, FL 33770	596 INDIAN ROCKS ROAD N BELLEAIR BLUFFS, FL 33770

03282005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
572 - Indian Rocks Rd. N. Bld 6.		708 Mindy Dr	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Belleair Bluffs Fla.		Largo Fla.	
City & State		City & State	
Zip: 33770	Country: Pinellas	Zip: 33771	Country: Pinellas

4. FEI Number 51-0491881 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SEDELY, PAUL
708 MINDY DRIVE
LARGO, FL 33771

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Paul B. Sedely* 4-1-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SEDELY, PAUL 708 MINDY DRIVE LARGO, FL 33771	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: *Paul B. Sedely* 4-1-05 1-727-581-5711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #