


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90196 041 ****50.00

DOCUMENT # L04000002044	
1. Entity Name AMERICAN AWNING & SCREENING, LLC	

Principal Place of Business 572 INDIAN ROCKS ROAD NORTH BUILDING G BELLEAIR BLUFFS FL 33770 US	Mailing Address 708 MINDY DRIVE LARGO FL 33771 US
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2. Principal Place of Business - No P.O. Box # 572 Indian Rocks Rd. N. Bld. # G.	3. Mailing Address 708 Mindy Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Belleair Bluffs Fl. 33770	City & State Largo Fla.
Zip 33770	Zip 33771
Country Pinebls	Country Pinebls



1st MOORE CR2E083 (10/06)

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 Signature, typed or printed name of registered agent and fee, if applicable.	DATE 1-29-07 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SEDELY, PAUL 708 MINDY DRIVE LARGO FL 33771 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	DATE 1-29-07 Date	DAYTIME PHONE # Daytime Phone #
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