

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90040 045 ***138.75



DOCUMENT # L0400002044

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



2. Principal Place of Business - No P.O. Box #

572 Indian Rocks Rd-N

Suite, Apt. #, etc.
 Belleair Bluffs
 City & State
 Fla.

Zip
 33770

Country
 Pinellas

3. Mailing Address

708 Mindy Dr.

Suite, Apt. #, etc.
 Largo
 City & State
 Fla.

Zip
 33771

Country
 Pinellas

1st MOORE CR2E083 (10/07)

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

Signature, typed or printed name of individual or the applicable

(NOTE: Registered Agent's signature required if when renewing)

DATE

FILE NOW!!! FEE IS \$138.75

After May 1, 2008, Fee Will Be \$538.75

Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE: MGRM Delete
 NAME: SEDELY, PAUL
 STREET ADDRESS: 708 MINDY DRIVE
 CITY-ST-ZIP: LARGO FL 33771

TITLE: Delete
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10. ADDITIONS/CHANGES

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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

Registered Office #