

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L04000018261

1. Entity Name

MIKE'S SCREEN REPAIR AND CONSTRUCTION, LLC



SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 DEC 21 AM 10:56

Principal Place of Business

5001 HOMECREST CIR  
JACKSONVILLE FL 32244

Mailing Address

5001 HOMECREST CIR  
JACKSONVILLE FL 32244

2. Principal Place of Business

5001 Homecrest Cir

3. Mailing Address

5001 Homecrest Cir

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAX 7

City & State

TAX 71

Zip

32244

Country

USA

Zip

32244

Country

USA



1st MOORE

CR2E083 (10/04)

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

NELSON, MIKE  
5001 HOMECREST CIR  
JACKSONVILLE FL 32244

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete  
NAME NELSON, MIKE  
STREET ADDRESS 5001 HOMECREST CIR  
CITY-ST-ZIP JACKSONVILLE FL 32244

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 700061253827  
CITY-ST-ZIP 11/08/05--01038--006 \*\*50.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 700061253827  
CITY-ST-ZIP 01/19/06--01006--015 \*\*100.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Mike Nelson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #