

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90433 040 ****50.00

DOCUMENT # L04000001452	
1. Entity Name JOHN P. TUTTLE SCREEN REPAIR, L.L.C.	

Principal Place of Business 1015 11TH STREET NORTH NAPLES FL 34102	Mailing Address 1015 11TH STREET NORTH NAPLES FL 34102
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2. Principal Place of Business 2272 POINCIANA ST.	3. Mailing Address 2272 POINCIANA ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

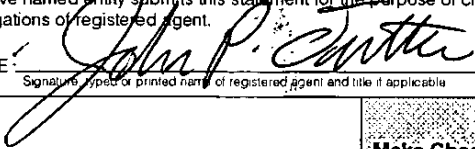
1st MOORE CR2E083 (10/04)

City & State NAPLES FL	City & State NAPLES FL
Zip 34105	Zip 34105
Country USA	Country U.S.A.

4. FEI Number 20-0546344	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required


6. Name and Address of Current Registered Agent TUTTLE, JOHN P 1015 11TH STREET NORTH NAPLES FL 34102	7. Name and Address of New Registered Agent Name JOHN P. TUTTLE Street Address (P.O. Box Number is Not Acceptable) 2272 POINCIANA ST. City NAPLES FL Zip Code 34105
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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: 	DATE: 3/21/05
Signature typed or printed name of registered agent and title if applicable (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, 2005
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TUTTLE, JOHN P 1015 11TH STREET NORTH NAPLES FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TUTTLE, JOHN P. 2272 POINCIANA ST. NAPLES FL, 34105 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 	DATE: 3/21/05	DAYTIME PHONE: 239-649-8695
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		