2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

Feb 20, 2006 08:00 AM DOCUMENT # L04000001452 **Secretary of State** 1. Entity Name JOHN P. TUTTLE SCREEN REPAIR, L.L.C. Principal Place of Business Mailing Address 2272 POINCIANA ST NAPLES FL 34105 2272 POINCIANA ST NAPLES FL 34105 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State 4. FEI Number Applied For 20-0546344 Not Applicat: Zia Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TUTTLE, JOHN P Street Address (P.O. Box Number is Not Acceptable) 2272 POINCIANA ST NAPLES FL 34105 City 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 pretted name of registered agent and rittle A 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, 2006. ĝ. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGRM Delete TITLE ☐ Addition U00000439727 NAME TUTTLE, JOHN P MANE 03/02/06-80012-007 **50.00** STREET ADDRESS 2272 POINCIANA ST STREET ADDRESS CITY-SI-ZIP NAPLES FL 34105 CITY-ST-ZIP TITLE ☐ Defete Change ■ Addition NAME NAME STREET ADDRESS SEREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete ☐ Change TRLE ☐ Addition MARKE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Cary-ST-Zig TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP TITLE Detete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-SI-ZIP CITY-ST-ZIP TITLE D Delete THLE ☐ Change Addition 🔲 NAME NAM STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP 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.

FILED