2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L'04000008604

1. Entity Name

ORLANDO SCREEN REPAIRS LLC



FILED Jan 08, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

13732 S.W. 16 TERRACE MIAMI, FL 33175 13732 S.W. 16 TERRACE MIAMI, FL 33175



01042007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-1900511

Applied For Not Applicable

5. Certificate of Status Desired

M

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BEROVIDES, ORLANDO 13732 S.W. 16 TERRACE MIAMI, FL 33175

TITLE
NAME
STREET ADDRESS
CITY-ST-7IP

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the purpose of char- tions of registered agent.	ging its registered office or register	ered agent, or both, in the State of Florida. I am familiar with, and	accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required	ad when reinstating) DATE	
FI D	iling Fee is \$50.00 ue by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BEROVIDES, ORLANDO 13732 SW 16 TERRACE MIAMI, FL 33175		U00000578874 01/09/07-00046-017 55.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			81786761 88848 811 80180	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE	
TITLE NAME STREET AODRESS CITY-ST-ZIP			IN THIS SPACE	
TITLE NAME STREET ADDRESS				

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Alawallesside

1/5/07