

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000032171

1. Entity Name
SCREENS OF AMERICA, LLC



Principal Place of Business
1956 SE JOYNER CIRCLE
PORT ST LUCIE, FL 34952

Mailing Address

1956 SE JOYNER CIRCLE
PORT ST LUCIE, FL 34952

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

1095 SE GENARO TERR.
Suite, Apt. #, etc.

3. Mailing Address

1095 SE GENARO TERR.
Suite, Apt. #, etc.

City & State

PT ST LUCIE FL

City & State

PT ST LUCIE

Zip

34952

Country

USA

Zip

34952

Country

USA

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

7. Name and Address of New Registered Agent

B. 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)

April 3/2008

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

10.

ADDITIONS/CHANGES

TITLE MGR
NAME CORDICK, RANDOL W
STREET ADDRESS 1956 SE JOYNER CIRCLE
CITY-ST-ZIP PORT ST LUCIE, FL 34952

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

MGR
CORDICK, RANDOL W
1095 SE GENARO TERR.
PORT ST LUCIE FL 34952

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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:

L.R. Kibbey / Agent

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

April 3/08

Date

Daytime Phone #

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90230 048 ***138.75

60020303



04032008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-1905692

Applied For
Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required