

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000053991

FILED
Apr 26, 2007
Secretary of State

Entity Name: A QUALITY RESCREEN, L.L.C.

Current Principal Place of Business:

12370 MASTIN COVE ROAD
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

12370 MASTIN COVE ROAD
JACKSONVILLE, FL 32225

New Mailing Address:

FEI Number: 20-1454546

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

VALLIER, THOMAS J
12370 MASTON COVE ROAD
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: VALLIER, THOMAS MR.
Address: 12370 MASTIN COVE ROAD
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VMGR () Change (X) Addition
Name: WATERS, TROY N
Address: 12370 MASTIN COVE ROAD
City-St-Zip: JACKSONVILLE, FL 32225 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TOM VALLIER

MGR

04/26/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date