

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000053991

FILED
May 01, 2008
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 ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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:

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

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:

05/01/2008

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

ADDITIONS/CHANGES:

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

Title: AMGR (X) Change () 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

05/01/2008

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