

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000075221

1. Entity Name

DO IT RIGHT RESCREEN & REPAIR, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 28 AM 11:13

Principal Place of Business

8457 SHUMOCK AVE.
NORTH PORT, FL 34287

Mailing Address

8457 SHUMOCK AVE.
NORTH PORT, FL 34287



05042006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1878547

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ZOELLNER, JASON R
8457 SHUMOCK AVE.
NORTH PORT, FL 34287

**DO NOT WRITE
IN THIS SPACE**

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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$50.00
Due by September 6, 2006

05/02/05 90096 025 \$105.00
apply \$50.00 from 2003 fees.

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ZOELLNER, JASON R
STREET ADDRESS	8457 SHUMOCK AVE.
CITY-ST-ZIP	NORTH PORT, FL 34287
TITLE	MGRM
NAME	BOUVIER, STEPHEN
STREET ADDRESS	8457 SHUMOCK AVE.
CITY-ST-ZIP	NORTH PORT, FL 34287
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

REINSTATEMENT 2006

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: Jason Zoellner

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

9-2006

Date

Daytime Phone #