


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 13, 2007 8:00 am**  
**Secretary of State**

09-13-2007 90017 001 \*\*\*\*50.00  
09-13-2007 90017 002 \*\*\*\*\*5.00

<b>DOCUMENT # L04000075690</b>	
1. Entity Name <b>MIKE'S SCREEN &amp; REPAIR, LLC</b>	

Principal Place of Business <b>186 CRESTWOOD PASS DAVENPORT, FL 33897 US</b>	Mailing Address <b>186 CRESTWOOD PASS DAVENPORT, FL 33897 US</b>
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**30012849**

2. Principal Place of Business - No P.O. Box # <b>Mike's Screen &amp; Repair LLC -</b> Suite, Apt. #, etc. <b>4115 Red Herring Ln. #77</b> City & State <b>Orlando Florida</b> Zip <b>32804</b> Country <b>U.S.A.</b>	3. Mailing Address <b>Michael F. Jungferman</b> Suite, Apt. #, etc. <b>4115 Red Herring Ln. #77</b> City & State <b>Orlando Florida</b> Zip <b>32804</b> Country <b>U.S.A.</b>
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07082007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>APPLIED FOR</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent <b>JUNGFERMAN, MICHAEL F 186 CRESTWOOD PASS DAVENPORT, FL 33897</b>	7. Name and Address of New Registered Agent Name <b>Michael F. Jungferman</b> Street Address (P.O. Box Number is Not Acceptable) <b>4115 Red Herring Ln. #77</b> City <b>Orlando</b> FL Zip Code <b>32804</b>
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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 Michael F. Jungferman DATE 7-20-07  
Signature, typed or printed name of registered agent and type (if applicable). (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$50.00 Due by September 14, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JUNGFERMAN, MICHAEL F 186 CRESTWOOD PASS DAVENPORT, FL 33897 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	mGR. Jungferman Michael F. 4115 Red Herring Ln. #77 Orlando, FL 32804 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Michael F. Jungferman** **Michael F. Jungferman** 7-20-07 407-5325143  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #