

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90114 008 ****50.00

DOCUMENT # L05000025833

1. Entity Name

FLORIDA SCREENS & SHUTTERS, LLC



Principal Place of Business

2907 ALACZAR TERRACE
NORTH PORT FL 34286

Mailing Address

2907 ALACZAR TERRACE
NORTH PORT FL 34286

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

ALCAZAR

3. Mailing Address

ALCAZAR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-2596894

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/06)



6. Name and Address of Current Registered Agent

KEENAN, MARK MGRM
2907 ALACZAR TERRACE
NORTH PORT FL 34286

7. Name and Address of New Registered Agent

Name

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

ALCAZAR

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
MGRM
KEENAN, MARK MGRM
STREET ADDRESS
2907 ALACZAR TERRACE
CITY - ST - ZIP
NORTH PORT FL 34286 ☐ Delete

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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NAME

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CITY - ST - ZIP ☐ Delete

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
ALCAZAR
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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TITLE
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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 Section 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:

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

Date

Daytime Phone #