2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Jun 26, 2006 8:00 am
Secretary of State

06-01-2006 90084 009 ****50.00

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05242006 Chg-LLC CR2E083 (11/05)

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1. Entity Name
SCREENS R US "LLC"

Principal Place of Business	Mailing Address
421 FINI DR STUART,FL 34996	421 FINI DR STUART,FL 34996

2. Principal Place of Business	3. Mailing Address
4611 SE morraycove CIR	4611 SE MORRAY COVE CIR
Suite, Apt. #, etc.	Suite, Apt. #, etc. ~~Stuart FL~~
City & State: Stuart Florida	City & State: Stuart - Florida
Zip: 34997 Country: martin	Zip: 34997 Country: martin

4. FEI Number: 20-4722427 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HOFFMAN, KIM
421 SE FINI DR
STUART, FL 34996

7. Name and Address of New Registered Agent

Name

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

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 Bill Hoffman 5-30-06
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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOFFMAN, BILL 421 SE FINI DR STUART, FL 34996	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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 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: Bill Hoffman 6-21-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #