


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90085 013 ****50.00

DOCUMENT # L05000027024		
1. Entity Name SCREENS R US "LLC"		

Principal Place of Business 4611 SE MURRAY LOVE CIR STUART, FL 34997	Mailing Address 4611 SE MURRAY LOVE CIR STUART, FL 34997
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2. Principal Place of Business - No P.O. Box # 4611 SE MURRAY Suite, Apt. #, etc. Cove Cir	3. Mailing Address 4611 SE MURRAY Suite, Apt. #, etc. Cove Circle
City & State STUART, FL 34997	City & State STUART, FL 34997
Zip 34997	Country FL



01202007 Chg-LLC CR2E083 (12/06)

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) 4611 SE MURRAY COVE CIRCLE City STUART FL 34997	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

**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 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4611 SE MURRAY COVE CIRCLE STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOFFMAN, KIM 4611 SE MURRAY COVE CIRCLE STUART, FL 34997 <input type="checkbox"/> Change <input checked="" 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
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: Bill Hoffman 1-27-07 (772) 708-3078
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #
Bill Hoffman