

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90153 022 ***138.75

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03132008 Chg-LLC CR2E083 (12/06)

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|--|--|---|--|---|--|
| 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 | | |
| 2. Principal Place of Business - No P.O. Box # 4611 SE MURRAY COVE Suite, Apt. #, etc. CIRCLE | | 3. Mailing Address 4611 SE MURRAY COVE Suite, Apt. #, etc. CIRCLE | | | |
| City & State STUART, FL | | City & State STUART, FL | | 4. FEI Number 20-4722427 | |
| Zip 34997 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent HOFFMAN, KIM 4611 SE MURRAY COVE CIRCLE STUART, FL 34997 | | | 7. Name and Address of New Registered Agent Name BILL HOFFMAN Street Address (P.O. Box Number is Not Acceptable) 4611 SE MURRAY COVE CIRCLE City STUART FL Zip Code 34997 | | |
| 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 \$138.75 After May 1, 2008 Fee will be \$538.75 | | | 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 4611 SE MURRAY COVE CIRCLE STUART, FL 34997 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR HOFFMAN, BILL 4611 SE MURRAY COVE CIRCLE STUART, FL 34997 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR HOFFMAN, BILL 4611 SE MURRAY COVE CIRCLE STUART, FL 34997 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR HOFFMAN, BILL 4611 SE MURRAY COVE CIRCLE STUART, FL 34997 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR HOFFMAN, BILL 4611 SE MURRAY COVE CIRCLE STUART, FL 34997 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR HOFFMAN, BILL 4611 SE MURRAY COVE CIRCLE STUART, FL 34997 | <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: <u>William Hoffman</u> MGR 3/30/08 772-708-308 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |

William Hoffman