

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000027024

**FILED**  
**Mar 13, 2011**  
**Secretary of State**

**Entity Name:** SCREENS R US "LLC"

**Current Principal Place of Business:**

4611 SE MURRAY COVE CIRCLE  
STUART, FL 34997 US

**New Principal Place of Business:**

**Current Mailing Address:**

4611 SE MURRAY COVE CIRCLE  
STUART, FL 34997 US

**New Mailing Address:**

**FEI Number:** 20-4722427

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOFFMAN, BILL  
4611 SE MURRAY COVE CIRCLE  
STUART, FL 34997 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** HOFFMAN, BILL  
**Address:** 4611 SE MURRAY COVE CIRCLE  
**City-St-Zip:** STUART, FL 34997 US

**Title:** MGR  
**Name:** HOFFMAN, DENEEN D  
**Address:** 4611 SE MURRAY COVE CIRCLE  
**City-St-Zip:** STUART, FL 34997 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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

MGR

03/13/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date