

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000037032

Entity Name: MCCABE RESCREEN LLC

FILED
Jan 10, 2007
Secretary of State

Current Principal Place of Business:

1614 S. WARREN AVE.
LAKELAND, FL 33803

New Principal Place of Business:

Current Mailing Address:

1614 S. WARREN AVE.
LAKELAND, FL 33803

New Mailing Address:

FEI Number: 03-0559457

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCABE, BRUCE
1614 S. WARREN AVE.
LAKELAND, FL 33803 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: MGRM () Delete
Name: MCCABE, BRUCE
Address: 1614 S. WARREN AVE.
City-St-Zip: LAKELAND, FL 33803

Title: MGRM () Delete
Name: MCCABE, DARELL
Address: 1614 S. WARREN AVE.
City-St-Zip: LAKELAND, FL 33803

Title: MGRM () Delete
Name: SCHOFIELD, CHAD
Address: 302 WEST PARK ST.
City-St-Zip: LAKELAND, FL 33803

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: BRUCE MCCABE

MGRM

01/10/2007

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