


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 06, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000113849 1. Entity Name KWIKSCREEN.COM, LLC	
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Principal Place of Business 24865 SW 127 CT HOMESTEAD, FL 33032 90	Mailing Address 24865 SW 127 CT HOMESTEAD, FL 33032 90
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04302008 No Chg-LLC GR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 33-1127373	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MOLINA, OSWALDO A
 24865 SW 127 CT
 HOMESTEAD, FL 33032

DO NOT WRITE IN THIS SPACE

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 _____

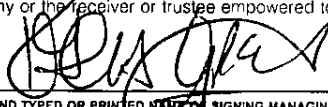
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MOLINA, OSWALDO A 24865 SW 127 CT HOMESTEAD, FL 33032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LOPEZ, LILIAN P 24865 SW 127 CT HOMESTEAD, FL 33032
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 06/03/08-80002-007-138.75

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____