

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000003841

Entity Name: SCOTTS SCREEN LLC

**FILED**  
**May 18, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

1784 SW MILLIKIN AVE  
PORT ST LUCIE, FL 34953

**New Principal Place of Business:**

191SW MILBURN CIR  
PORT ST LUCIE, FL 34953

**Current Mailing Address:**

1784 SW MILLIKIN AVE  
PORT ST LUCIE, FL 34953

**New Mailing Address:**

191SW MILBURN CIR  
PORT ST LUCIE, FL 34953

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

BARBER, SCOTT  
1784 SW MILLIKIN AVE  
PORT ST LUCIE, FL 34953 US

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

BARBER, SCOTT  
191 SW MILBURN CIR  
PORT ST LUCIE, FL 34953 US

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: SCOTT BARBER

05/18/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BARBER, SCOTT  
Address: 1784 SW MILLIKIN AVE  
City-St-Zip: PORT ST LUCIE, FL 34953

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BARBER, SCOTT  
Address: 191 SW MILBURN CIR  
City-St-Zip: PORT ST LUCIE, FL 34953

I hereby certify that the information supplied with this filing does not qualify 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: SCOTT BARBER

PRES

05/18/2009

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