

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000007790

Entity Name: SCREEN SAVERS LLC

FILED
Apr 15, 2008
Secretary of State

Current Principal Place of Business:

4051 STONEFIELD DR.
ORLANDO, FL 32826

New Principal Place of Business:

4298 HEIRLOOM ROSE PLACE
OVIEDO, FL 32766

Current Mailing Address:

4051 STONEFIELD DR.
ORLANDO, FL 32826

New Mailing Address:

4298 HEIRLOOM ROSE PLACE
OVIEDO, FL 32766

FEI Number: 20-8274361

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MENDENHALL, MATTHEW
4051 STONEFIELD DR.
ORLANDO, FL 32826 US

Name and Address of New Registered Agent:

MENDENHALL, MATTHEW
4298 HEIRLOOM ROSE PLACE
OVIEDO, FL 32766 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:

04/15/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MENDENHALL, MATTHES
Address: 4051 STONEFIELD DR.
City-St-Zip: ORLANDO, FL 32826

Title: MGR () Delete
Name: MENDENHALL, ELIZABETH
Address: 4051 STONEFIELD DR.
City-St-Zip: ORLANDO, FL 32826

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MENDENHALL, MATTHEW
Address: 4298 HEIRLOOM ROSE PLACE
City-St-Zip: OVIEDO, FL 32766

Title: MGR (X) Change () Addition
Name: MENDENHALL, ELIZABETH
Address: 4298 HEIRLOOM ROSE PLACE
City-St-Zip: OVIEDO, FL 32766

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: MATTHEW S. MENDENHALL

MGR

04/15/2008

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