## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

## Apr 09, 2008 8:00 am Secretary of State DOCUMENT # L07000012476 1. Entity Name 04-09-2008 90127 008 \*\*\*138.75 SET A SCREEN, LLC Mailing Address Principal Place of Business 2021 N.E. 52ND COURT FORT LAUDERDALE FL 33308 3434 N.E. 12TH AVENUE OAKLAND PARK FL 33334 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/07) City & State City & State FEI Number Applied For 71-10238 Not Applicable Zip Country Couritry \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GUGLIELMO, JERRY C Street Address (P.O. Box Number is Not Acceptable) 2021 N.E. 52ND COURT FORT LAUDERDALE FL 33308 City Zip Code 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, type sitt one trege bereid fer to a man batming x (NOTE Regions of Auert's grature required when remetating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10 ADDITIONS/CHANGES 9. MGRM TITLE ☐ Change TITLE ☐ Delete Addition NAME GUGLIELMO, JERRY C NAME STREET ADDRESS STREET ADDRESS 2021 N.E. 52ND COURT CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33308 TITLE ☐ Delete TOTAL F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE ☐ Delete HILE ☐ Change Addition NAME NAME STREET ADDRESS STREET AUDRESS CITY-ST-ZIP CITY-ST-ZIF Tillif TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP T:TLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

E OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED

January 28, 2008

**FILED**