


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90107 035 ***138.75

DOCUMENT # L07000058731	
1. Entity Name SCREEN QUEEN LLC	

50003240

Principal Place of Business 320 EDGEWOOD DR FREEPORT, FL 32439	Mailing Address PO BOX 770 FREEPORT, FL 32439
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2. Principal Place of Business - No P.O. Box #	Mailing Address 202 Edgewood Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Freeport, FL	City & State Freeport, FL
Zip 32439	Country USA

6. Name and Address of Current Registered Agent COWEN, EDDIE 912 S PALM BLVD E NICEVILLE, FL 32578	
7. Name and Address of New Registered Agent Kimberly D. Holt 202 Edgewood Dr. Freeport, FL 32439	

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 Kimberly D Holt	SIGNATURE Kimberly D Holt <i>managing member April 14, 2008</i>
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$138.75* After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOLT, KIMBERLY D PO BOX 770 FREEPORT, FL 32439 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	202 Edgewood Dr. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Kimberly D Holt	SIGNATURE: Kimberly D Holt <i>April 14 2008 880835 501</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	