

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000105441

FILED  
Aug 27, 2008  
Secretary of State

Entity Name: TRIM -N- SKIM OUTDOOR SERVICES, LLC

**Current Principal Place of Business:**

1472 ELKCAM BOULEVARD  
DELTONA, FL 32725 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 5643  
DELTONA, FL 32728 US

**New Mailing Address:**

FEI Number: 26-1259075      FEI Number Applied For ( )      FEI Number Not Applicable ( )      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:**

FRANZEN, CORY L  
1472 ELKCAM BOULEVARD  
DELTONA, FL 32725 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FRAZEN, CORY L  
Address: 1472 ELKCAM BOULEVARD  
City-St-Zip: DELTONA, FL 32725 US

Title: MGRM ( ) Delete  
Name: WOOD, SHAUN A  
Address: 1776 CINNAMON CIRCLE  
City-St-Zip: CASSELBERRY, FL 32707 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CORY L. FRANZEN

MGRM

08/27/2008

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