

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000002873**

1. Entity Name  
**ARTISTIC TRIM, LLC.**



Principal Place of Business  
**5501 WENDY LN  
NAPLES, FL 34112**

Mailing Address  
**5501 WENDY LN  
NAPLES, FL 34112**



01082006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3701607**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**NICHOLSON, KENNETH  
5501 WENDY LANE  
NAPLES, FL 34112**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when restate filing)

*K. Nicholson*

*1/14/06*

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

000000398554  
01/31/06-80003-001 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**V  
NICHOLSON, KEN  
5501 WENDY LN  
NALESS, FL 34112**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**P  
NICHOLSON, JOANNA  
5501 WENDY LANE  
NAPLES, FL 34112**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

*J.S. Nicholson* **J.S. Nicholson**

*1/14/06*

*239.596.31*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #