

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # LC0000002873

1. Entity Name

Artistic Trim, LLC



FILED

03 OCT 30 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5501 Wendy Lane

Suite, Apt. #, etc.

3. Mailing Address

5501 Wendy Ln

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Naples, FL

City & State

Naples FL

4. FEI Number

59-3701607

Applied For

Not Applicable

Zip

34112

Country

USA

Zip

34112

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Kenneth Nicholson

Street Address (P.O. Box Number is Not Acceptable)

5501 Wendy Lane

City

Naples

FL

Zip Code

34112

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

10/23/03
DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

President
Joanna S. Nicholson
5501 Wendy Ln
Naples FL 34112

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Vice President
Kenneth Nicholson
5501 Wendy Ln
Naples FL 34112

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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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 exemption stated in Section 119.07(3)(i), 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

10/23/03
Date

239.596.3520
Daytime Phone #

CR2E083B (12/02)