

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L02000022964

1. Entity Name
TRIM SOLUTIONS ENTERPRISES, LLC



Principal Place of Business

**1100 EAST 13TH STREET
HIALEAH, FL 33010**

Mailing Address

**1100 EAST 13TH STREET
HIALEAH, FL 33010**



01152008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0429821

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CANTOR, JERALD C ESQ.
C/O PHILIPS, EISINGER, ET AL
4000 HOLLYWOOD BLVD., SUITE 265S
HOLLYWOOD, FL 33021**

**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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

000000342716
03/11/08-80041-024 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
ZAMBITO, STEVEN
1100 EAST 13TH STREET
HIALEAH, FL 33010**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
GREENSTEIN, STUART
1100 EAST 13TH STREET
HIALEAH, FL 33010**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
MENDOZA, BRUNO
1100 EAST 13TH STREET
HIALEAH, FL 33010**

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: _____

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

Date

Daytime Phone #

2-22-08 305 362 3035