


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 25, 2004 8:00 am
Secretary of State

08-25-2004 90043 002 ****50.00

DOCUMENT # L02000031761					
1. Entity Name ARCHITECTURAL FOAM TRIM, LLC					
Principal Place of Business 364 2ND STREET WEST TIERRA VERDE, FL 33715			Mailing Address 364 2ND STREET WEST TIERRA VERDE, FL 33715		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 04-3726209	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent FRANZEK, MICHAEL J 364 2ND STREET WEST TIERRA VERDE, FL 33715				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRANZEK, MICHAEL J 364 2ND STREET WEST TIERRA VERDE, FL 33715	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEMALINE, TERRY L 145 44TH AVE ST. PETE BEACH, FL 33706	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEMALINE, TERRY L 145 44TH AVE ST. PETE BEACH, FL 33706	<input type="checkbox"/> Delete			
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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: <i>Michael J. Franzek</i>				8/17/04 (127) 546-5770	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
MICHAEL J. FRANZEK, MGRM.					

24081437



08172004 Chg-LLC CR2E083 (10/03)

4. FEI Number
04-3726209

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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.

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Filing Fee is \$50.00
Due by September 8, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEMALINE, TERRY L 145 44TH AVE ST. PETE BEACH, FL 33706	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	8021 24th AVE. NORTH ST. PETERSBURG FL 33710	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: *Michael J. Franzek* 8/17/04 (127) 546-5770

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

Date

Daytime Phone #

MICHAEL J. FRANZEK, MGRM.