

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 15, 2006 08:00 A**  
**Secretary of State**

**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**



05102006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**04-3726209**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$5.00 Additional**  
**Fee Required**

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

**FRANZEK, MICHAEL J**  
**364 2ND STREET WEST**  
**TIERRA VERDE, FL 33715**

**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

**Filing Fee is \$50.00**  
**Due by September 8, 2006**

**9. MANAGING MEMBERS/MANAGERS**

<b>TITLE</b>	<b>MGRM</b>
<b>NAME</b>	<b>FRANZEK, MICHAEL J</b>
<b>STREET ADDRESS</b>	<b>364 2ND STREET WEST</b>
<b>CITY-ST-ZIP</b>	<b>TIERRA VERDE, FL 33715</b>
<b>TITLE</b>	<b>MGRM</b>
<b>NAME</b>	<b>DEMALINE, TERRY L</b>
<b>STREET ADDRESS</b>	<b>8021 24TH AVE. NORTH</b>
<b>CITY-ST-ZIP</b>	<b>SAINT PETERSBURG, FL 33710</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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05/20/06-80137-009 50.00

**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:** *Michael J. Franzek* **MGRM**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*5/1/06 727 546 5770*