2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000035593

1. Entity Name
TRIMCO OF FLORIDA, L.L.C.

Principal Place of Business	Mailing Address
1993 S HWY 27	P O BOX 120852
CLERMONT, FL 34711	CLERMONT, FL 34712

04172007No Chg-LLC   CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number		Applied For
16-1684430		Not Applicable

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

6. Name and Address of Current Registered Agent

RUSS, CHARLES R
12512 SOUTH LAKESHORE DRIVE
CLERMONT, FL 34711

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 May 1, 2007

9.	MANAGING MEMBERS / MANAGERS
TITLE	MGR
NAME	RUSS, CHARLES R
STREET ADDRESS	12512 LAKESHORE DRIVE
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	MGR
NAME	RUSS, DIANNE O
STREET ADDRESS	12512 LAKESHORE DRIVE
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/29/07-80004-012 50.00

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)_   4-15-7   352-394-6124

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #