2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000044687

1. Entity Name

MANOLO SOLER TRIM CARPENTRY LLC

Principal Place of Business	Mailing Address
1900 S. KANNER HWY G-202 STUART FL 34995	PO BOX 472 PALM CITY FL 34991

1st MOORE CR2E083 (10/05)

2. Principal Place of Business		3. Mailing Address	
		P.O.BOX 472	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: ~~Palm City~~		City & State: Palm City Fl.	
Zip	Country: USA	Zip: 34991	Country: USA

4. FEI Number: 06-1713612 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SOLER, MANUEL
1900 S. KANNER HWY.
STUART FL 34995

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 ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE	U00000412251 02/10/06-80038-010 55.00	☐ Change ☐ Addition
NAME	SOLER, MANUEL		NAME		
STREET ADDRESS	1900 S KANNER HWY		STREET ADDRESS		
CITY-ST-ZIP	STUART FL 34995		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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] MANUEL SOLER Jan. 26-2006 772-631-5003