## 2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

## Jul 30, 2004 8:00 am **Secretary of State** DOCUMENT # L03000048819 1. Entity Name 07-30-2004 90133 011 \*\*\*\*55.00 PAUL MATHISEN TRIM SPECIALIST, LLC Principal Place of Business Mailing Address 10057 OASIS PALM DRIVE 10057 OASIS PALM DRIVE 14027201 **TAMPA FL 33615 TAMPA FL 33615** 2. Principal Place of Business 3. Mailing Address 10057 OASIS <u> 10057</u> Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E083 (4/04) City & State City & State 4. FEI Number Applied For 02-0712794 Not Applicable AMDA Zip 73615 Country \$5.00 Additional 5. Certificate of Status Desired 33615 HillBough Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent --- SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR **MIAMI FL 33145** 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 8, 2004 ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. TITLE MGR TITLE ☐ Change ☐ Addition ☐ Delete MATHISEN, PAUL STREET ADDRESS 10057 OASIS PALM DRIVE STREET ADDRESS CITY - ST - ZIP TAMPA FL 33615 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME: MATHISEN, TEISHA NAME STREET ADDRESS 10057 OASIS PALM DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33615** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MATHISEN, TEISHA NAME STREET ADDRESS STREET ADDRESS 10057 OASIS PALM DRIVE CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33615** TITLE ☐ Delete TITLE Change ☐ Addition NAME MATHISEN, PAUL NAME STREET ADDRESS 10057 OASIS PALM DRIVE STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP **TAMPA FL 33615** Change TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**FILED** 

Daytime Phone #