


**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
05 OCT 10 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000048819 1. Entity Name PAUL MATHISEN TRIM SPECIALIST, LLC					
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 10057 Oasis Palm Drive Suite, Apt. #, etc.			3. Mailing Address same Suite, Apt. #, etc.		
City & State Tampa, Florida			City & State		
Zip 33615	Country United States	Zip	Country	4. FEI Number 020712794	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
7. Name and Address of Current Registered Agent					
Name Spiegel & Utrera, P.A.					
Street Address (P.O. Box Number is Not Acceptable) 1840 Coral Way, 4th Floor					
City Miami FL Zip Code 33145					
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 _____ Natalia Utrera, Vice President DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
			FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1		
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Paul Mathisen 10057 Oasis Palm Drive Tampa, Florida 33615		TITLE NAME STREET ADDRESS CITY-ST-ZIP	300060725703 10/18/05--01077--001 **50.00	
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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: <u>Paul Mathisen</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Paul Mathisen, President 10-07-05 Date Daytime Phone #		

CR2E083B (12/02)