


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000049475					
1. Entity Name TROYER'S TRIM, LLC					
Principal Place of Business 3245 BAHIA VISTA ST SARASOTA FL 34239 US			Mailing Address 3245 BAHIA VISTA ST SARASOTA FL 34239 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-0438459	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FELDMAN, MARC H 3908 26TH ST W BRADENTON FL 34205			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
			FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM TROYER, ANN 3245 BAHIA VISTA ST SARASOTA FL 34239	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000611931 02/02/07-80084-024 50.00	
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Ann Troyer</u> Ann Troyer			Date: 1-29-07		Daytime Phone #: 941-809-2159
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					



1st MOORE CR2E083 (10/06)