


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

|  |   |                                 |  |   |                  |
|--|---|---------------------------------|--|---|------------------|
| DOCUMENT # L03000049475  |   |                                 |  |                |                  |
| 1. Entity Name<br>TROYER'S TRIM, LLC   |   |                                 |  |   |                  |
| Principal Place of Business<br>3245 BAHIA VISTA ST<br>SARASOTA FL 34239<br>US  |   |                                 | Mailing Address<br>3245 BAHIA VISTA ST<br>SARASOTA FL 34239<br>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<br><b>20-0438459</b>  |                  |
| Zip  |   | Country                         |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required |                  |
| 6. Name and Address of Current Registered Agent<br><br>FELDMAN, MARC H<br>3908 26TH ST W<br>BRADENTON FL 34205   |   |                                 | 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>   |   |                                 |  |   |                  |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2007</b>   |   |                                 |  |   |                  |
| 9. MANAGING MEMBERS/MANAGERS   |   |                                 |  | 10. ADDITIONS/CHANGES   |                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP   | MGRM<br>TROYER, ANN<br>3245 BAHIA VISTA ST<br>SARASOTA FL 34239 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP   | 000000611931<br>02/02/07-80084-024 50.00  |                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP   |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP   |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP   |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP   |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP   |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>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  |   |                                 | 1-29-07  |   | 941-809-2159     |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |   |                                 | Date   |   | Daytime Phone If |