2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000051287

1. Entity Name
HARTS TRIM CONTRACTOR LC

Principal Place of Business	Mailing Address
10032 ST. MORITZ DR. FT. MYERS, FL 33913	10032 ST. MORITZ DR. FT. MYERS, FL 33913

DO NOT WRITE IN THIS SPACE

01152008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
59-3779479	Not Applicable

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

6. Name and Address of Current Registered Agent

HART, KENNETH
10032 ST. MORITZ DR.
FT. MYERS, FL 33913

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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 $138.75
After May 1, 2008 Fee will be $538.75

U00000787435
01/17/08-80081-023 138.75

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HART, KENNETH
STREET ADDRESS	10032 ST. MORITZ DR.
CITY-ST-ZIP	FT. MYERS, FL 33913

TITLE	MGR
NAME	HART, LAURA
STREET ADDRESS	10032 ST. MORITZ DR.
CITY-ST-ZIP	FT. MYERS, FL 33913

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _Kenneth S Hart_   1-15-08   235-246-2622

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #