

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000051287

FILED
Jul 08, 2009
Secretary of State

Entity Name: HARTS TRIM CONTRACTOR LC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

7691 GEORGIAN BAY CIR
209
FT. MYERS, FL 33912

FEI Number: 59-3779479 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

HART, KENNETH
7691 GEORGIAN BAY CIR
FT. MYERS, FL 33912 US

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.

SIGNATURE: _____

07/08/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HART, KENNETH
Address: 10032 ST. MORITZ DR.
City-St-Zip: FT. MYERS, FL 33913

Title: MGR (X) Delete
Name: HART, LAURA
Address: 10032 ST. MORITZ DR.
City-St-Zip: FT. MYERS, FL 33913

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HART, KENNETH
Address: 7691 GEORGIAN BAY CIR
City-St-Zip: FT. MYERS, FL 33912

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 HART

MGR

07/08/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date