

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Feb 21, 2005 08:00 AM
Secretary of State**

DOCUMENT # L03000051629

1. Entity Name
CODY'S CUSTOM TRIM, LLC



Principal Place of Business
**2209 NW 24TH TERRACE
CAPE CORAL, FL 33993**

Mailing Address
**2209 NW 24TH TERRACE
CAPE CORAL, FL 33993**



01112005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
81-0639825

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CODY, CORAL
2209 NW 24TH TERRACE
CAPE CORAL, FL 33993**

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IN THIS SPACE**

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 *Cora Lynn Cody* *Cora Lynn Cody* *1-11-05*
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME CODY, CORAL
STREET ADDRESS 2209 NW 24TH TERRACE
CITY-ST-ZIP CAPE CORAL, FL 33993

TITLE MGRM
NAME CODY, DELBERT J SR
STREET ADDRESS 2209 NW 24TH TERRACE
CITY-ST-ZIP CAPE CORAL, FL 33993

TITLE MGRM
NAME CODY, DELBERT J JR
STREET ADDRESS 2304 NW 15TH PL
CITY-ST-ZIP CAPE CORAL, FL 33993

TITLE MGRM
NAME CODY, VALERIE L
STREET ADDRESS 2209 NW 24TH TERR
CITY-ST-ZIP CAPE CORAL, FL 33993

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000237225
02/21/05-80050-014 50.00

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IN THIS SPACE**

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: *Cora Lynn Cody* *Cora Lynn Cody* *1-11-05* *283-0266*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

*Home (235)
Cell 235-464-4688*