Cl# 1975 3-1-06

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000051629

1. Entity Name
CODY'S CUSTOM TRIM, LLC

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

DO NOT WRITE IN THIS SPACE

01092006No Chg-LLC CR2E083 (11/05)

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, CORA L
2209 NW 24TH TERRACE
CAPE CORAL, FL 33993

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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: Cora L Cody Cora L Cody MGR 3-1-06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	CODY, CORA L
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	

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03/15/06-80008-001 50.00

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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: Cora L Cody Mgr Cora L Cody Mgr 3-1-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #