


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90305 027 \*\*\*\*50.00

<b>DOCUMENT # L03000051629</b> 1. Entity Name <b>CODY'S CUSTOM TRIM, LLC</b>					
Principal Place of Business <b>2209 NW 24TH TERRACE CAPE CORAL, FL 33993</b>			Mailing Address <b>2209 NW 24TH TERRACE CAPE CORAL, FL 33993</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>81-0639825</b>	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CODY, CORA L 2209 NW 24TH TERRACE CAPE CORAL, FL 33993</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 <u><i>Cora L Cody</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4/21/07</u>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CODY, CORA L 2209 NW 24TH TERRACE CAPE CORAL, FL 33993	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CODY, DELBERT J SR 2209 NW 24TH TERRACE CAPE CORAL, FL 33993	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CODY, DELBERT J JR 2304 NW 15TH PL CAPE CORAL, FL 33993	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CODY, VALERIE L 2209 NW 24TH TERR CAPE CORAL, FL 33993	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILSON VALERIE L 3582 NE 8TH PL CAPE CORAL FL 33991	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CODY, VALERIE L 2209 NW 24TH TERR CAPE CORAL, FL 33993	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CODY, VALERIE L 2209 NW 24TH TERR CAPE CORAL, FL 33993	<input type="checkbox"/> Delete			
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: <u><i>Cora L Cody</i></u> <u>4/21/07</u> <u>239-464-4688</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					



SEP-07-2006 08:06

IRS

ATTACHMENT

60048380

801 628 5478 P. 02/02



Department of the Treasury  
Internal Revenue Service  
Ogden, UT 84201

In reply refer to: 0444703545  
Sep 07, 2006 LTR 147C  
81-0639875

CODYS CUSTOM TRIM LLC  
CODY DELBERT SR MEMBER  
% DELBERT CODY SR  
1209 NW 24TH TER  
CAPE CORAL FL 33993-3493 095

Taxpayer Identification Number: 81-0639875

Form(s):

Correct EDN  
81-0639875

Dear Taxpayer:

This letter is in response to your telephone inquiry of September 7th, 2006.

The Employer Identification Number (EIN) shown above has been assigned to you for business Federal tax purposes. Please include it when making Federal tax deposits, filing tax returns, and when corresponding with, or speaking to, the Internal Revenue Service.

If you have any questions regarding this letter, please call our Customer Service Department at 1-800-829-0115 between the hours of 7:00 AM and 10:00 PM. If you prefer, you may write to us at the address shown at the top of the first page of this letter. When you write, please include a telephone number where you may be reached and the best time to call.

Sincerely,

M. Ross

M ROSS  
29-15204  
Customer Service Representative