

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 05, 2005 8:00 am
Secretary of State

04-05-2005 90009 032 ****50.00

DOCUMENT # L03000057159

1. Entity Name

JOSH LAWSON TRIM LLC



Principal Place of Business

5538 PGA BLVD
5013
ORLANDO FL 32839

Mailing Address

5538 PGA BLVD
5013
ORLANDO FL 32839

2. Principal Place of Business

MOBILE
Suite, Apt. #, etc.

3. Mailing Address

3427 WHITMAN ST.
Suite, Apt. #, etc.



20026719

1st MOORE

CR2E083 (10/04)

City & State

Zip

Country

City & State

NORTH PORT, FL

Zip

34288

Country

USA

4. FEI Number

20-0532713

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAWSON, JOSHUA S
5538 PGA BLVD
5013
ORLANDO FL 32839

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

3-27-05

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME LAWSON, JOSHUA S
STREET ADDRESS 5538 PGA BLVD # 5013
CITY-ST-ZIP ORLANDO FL 32839

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3-27-05 941-276-5613