

L03000057363

DOCUMENT # L03000057363

1. Entity Name
TRIM IT ALL, LLC

REINSTATEMENT 2003-2004



Principal Place of Business
264 MOCCASIN CIRCLE
HAVANNA, FL 32333

Mailing Address
264 MOCCASIN CIRCLE
HAVANNA, FL 32333

2. Principal Place of Business
6753 Thomasville Rd.

3. Mailing Address
6753 Thomasville Rd.

Suite, Apt. #, etc.
#108

Suite, Apt. #, etc.
#108

City & State
Tallahassee, FL.

City & State
Tallahassee, FL.

Zip
32312

Country
Leon

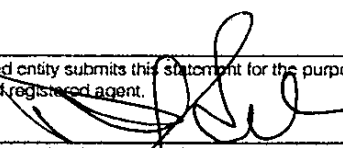
Zip
32312

Country
Leon

6. Name and Address of Current Registered Agent
WEEKLEY, RICHARD A
264 MOCCASIN CIRCLE
HAVANNA, FL 32333

7. Name and Address of New Registered Agent
Name
RONAN J SELWA
Street Address (P.O. Box Number is Not Acceptable)
6753 Thomasville Rd
#108
City
Tallahassee FL Zip Code
32312

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  DATE 1-5-5

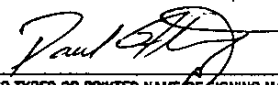
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLEMING, PAUL E 2968 PIERCE CHAPEL ROAD CAIRO, GA 398275438 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLEMING, T. DANIEL 104 ORIAC AVD., S.W. CAIRO, GA 31728 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 2003-2004 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:  PAUL FLEMING DATE 1-5-5 912-378-8146

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