L03000057363

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000057363

1. Entity Name
TRIM IT ALL, LLC

REINSTATEMENT 2003-2004

FILED
05 JAN -6 PM 2:14
SECRETARY OF STATE
TALLAHASSEE FLORIDA

01/06/05

Principal Place of Business	Mailing Address
264 MOCCASIN CIRCLE HAVANNA, FL 32333	264 MOCCASIN CIRCLE HAVANNA, FL 32333

12192004 REIN-LLC CR2E101 (6/04)

2. Principal Place of Business	3. Mailing Address
6753 Thomasville RD.	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

4. FEI Number — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

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 SELVA
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 _____ 1-5-5
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 000045893540 02/03/05--01006--020 **200.00
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 Paul Fleming 1-5-5 912-378-8146
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #