

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000000555

FILED
Mar 06, 2007
Secretary of State

Entity Name: CUT N TRIM CARPENTRY, LLC

Current Principal Place of Business:

701 SEBASTIAN BLVD
SUITE E
SEBASTIAN, FL 32958

New Principal Place of Business:

429 OAK ST
SEBASTIAN, FL 32958

Current Mailing Address:

401 MAPLE STREET
SEBASTIAN, FL 32958

New Mailing Address:

429 OAK ST
SEBASTIAN, FL 32958

FEI Number: 30-0269419

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, JASON L
401 MAPLE ST
SEBASTIAN, FL 32958 US

Name and Address of New Registered Agent:

GONZALEZ, JASON L
429 OAK ST
SEBASTIAN, FL 32958 US

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.

SIGNATURE: JASON GONZALEZ

03/06/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GONZALEZ, JASON
Address: 401 MAPLE STREET
City-St-Zip: SEBASTIAN, FL 32958

Title: MGRM () Delete
Name: COSNER, RANDY
Address: 401 MAPLE STREET
City-St-Zip: SEBASTIAN, FL 32958

Title: MGRM () Delete
Name: GONZALEZ, TONY
Address: 401 MAPLE STREET
City-St-Zip: SEBASTIAN, FL 32958

Title: MGRM () Delete
Name: GELLER, NEKIA
Address: 701 SEBASTIAN BLVD., STE E
City-St-Zip: SEBASTIAN, FL 32958

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GONZALEZ, JASON
Address: 429 OAK ST
City-St-Zip: SEBASTIAN, FL 32958

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JASON GONZALEZ

OWNE

03/06/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date