

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000000555

FILED
Apr 16, 2009
Secretary of State

Entity Name: CUT N TRIM CARPENTRY, LLC

Current Principal Place of Business:

429 OAK ST
SEBASTIAN, FL 32958

New Principal Place of Business:

Current Mailing Address:

429 OAK ST
SEBASTIAN, FL 32958

New Mailing Address:

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
429 OAK ST
SEBASTIAN, FL 32958 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GONZALEZ, JASON
Address: 429 OAK ST
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: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: RANDY COSNER

MGRM

04/16/2009

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