


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2008 08:00 A**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # L04000007944</b><br>1. Entity Name<br><b>L &amp; R CUSTOM TRIM, LLC</b> |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>3110 OLD EDWARDS ROAD<br/>FORT PIERCE, FL 34981</b> | Mailing Address<br><b>3110 OLD EDWARDS ROAD<br/>FORT PIERCE, FL 34981</b> |
|---|---|



04072008 No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>76-0750295</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |  |
|---|--|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional<br>Fee Required |
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| <b>6. Name and Address of Current Registered Agent</b><br><br><b>MCDONALD, LOUIS E<br/>3110 OLD EDWARDS RD<br/>FORT PIERCE, FL 34981</b> |
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IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U000000892571  
04/23/08-80071-023 138.75

| 9. MANAGING MEMBERS/MANAGERS                   |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>MCDONALD, LOUIS E MGRM<br>3110 OLD EDWARDS RD<br>FT. PIERCE, FL 34981 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Louis McDonald  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-9-08 (772) 528-7241  
Date Daytime Phone #