

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Mar 07, 2005 8:00 am
Secretary of State

01-24-2005 90103 007 ****50.00

DOCUMENT # L04000008371					
1. Entity Name WITTE-MASTER TRIM L.L.C.					
Principal Place of Business 8735 E. TOM COSTINE RD. LAKELAND, FL 33809			Mailing Address 8735 E. TOM COSTINE RD. LAKELAND, FL 33809		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WITTE, JERRY P 8735 E. TOM COSTINE RD. LAKELAND, FL 33809			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR WITTE, JERRY P 8735 E. TOM COSTINE RD. LAKELAND, FL 33809 ☐ 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
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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 <u><i>Jerry P Witte</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date <u>1/30/05</u> (863) Daytime Phone # <u>858-3443</u>	

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4. FEI Number 76-0781371 Applied For ☐ Not Applicable ☒

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