

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90055 001 *****50.00
04-22-2005 90055 002 *****5.00

DOCUMENT # L04000009120

1. Entity Name
M AND J TRIM CARPENTRY, LLC



Principal Place of Business
**8042 DEERWOOD CIRCLE
TAMPA, FL 33610-9582**

Mailing Address
**8042 DEERWOOD CIRCLE
TAMPA, FL 33610-9582**

00004210



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03102005 Chg-LLC CR2E083 (10/03)

4. FEI Number

20-0795243

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DICANIO, MICHAEL J
8042 DEERWOOD CIRCLE
TAMPA, FL 33610-9582**

7. Name and Address of New Registered Agent

Name

Michael Dicanio

Street Address (P.O. Box Number is Not Acceptable)

8042 Deerwood Circle

Tampa

City

FL

Zip Code

33610-9582

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

Michael Dicanio

Michael Dicanio

4/13/05

Signature, typed or printed name of registered agent and state if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **PRESIDENT** ☐ Delete
NAME **Michael J. Dicanio**
STREET ADDRESS **8042 DEERWOOD CIRCLE**
CITY-ST-ZIP **TAMPA, FL, 33610-9582**

TITLE **VICE PRESIDENT** ☐ Delete
NAME **Joseph M. Dicanio**
STREET ADDRESS **8042 DEERWOOD CIRCLE**
CITY-ST-ZIP **TAMPA, FL, 33610-9582**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Michael Dicanio

Michael Dicanio

4/13/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #