# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**
**Mar 30, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # L04000013499

1. Entity Name

LES HARRIS TRIM CARPENTRY LLC

Principal Place of Business
2675 VAN ARSDALE STREET
OVIEDO FL 32765

Mailing Address
2675 VAN ARSDALE STREET
OVIEDO FL 32765

1st MOORE CR2E083 (10/05)

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt #, etc.
City & State
Zip | Country

4. FEI Number 59-1372055 | Applied For | Not Applicable

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

**6. Name and Address of Current Registered Agent**

HARRIS, LESLIE B
2675 VAN ARSDALE STREET
OVIEDO FL 32765

**7. Name and Address of New Registered Agent**

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 reinstating) DATE

**FILE NOW!!! FEE IS $50.00**
**Make Check Payable to Florida Department of State**
**Due By May 1, 2006**

**9. MANAGING MEMBERS / MANAGERS**

| | | |
|---|---|---|
| TITLE | MGR | ☐ Delete |
| NAME | HARRIS, LESLIE B | |
| STREET ADDRESS | 2675 VAN ARSDALE STREET | |
| CITY-ST-ZIP | OVIEDO FL 32765 | |
| TITLE | | ☐ Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ Delete |
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| CITY-ST-ZIP | | |

**10. ADDITIONS / CHANGES**

| | | |
|---|---|---|
| TITLE | | ☐ Change ☐ Add |
| NAME | | |
| STREET ADDRESS | U00000485501 | |
| CITY-ST-ZIP | 04/12/06-80086-006 50.00 | |
| TITLE | | ☐ Change ☐ Add |
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| CITY-ST-ZIP | | |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 a limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** Leslie B. Harris 3/27/06 321-239-5165
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #