

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-04-2005 90426 049 *****50.00

DOCUMENT # L04000022974

1. Entity Name
R. L. HUDSON TRIM, LLC



Principal Place of Business
**410 EAST 4TH STREET
CHULUOTA, FL 32766 US**

Mailing Address
**PO BOX 660422
CHULUOTA, FL 32766 US**

30010234



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07072005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

20-0927784

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HUDSON, ROLLAND L
410 EAST 4TH STREET
CHULUOTA, FL 32766**

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

**Filing Fee is \$50.00
Due by September 7, 2005**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
HUDSON, ROLLAND L
410 EAST 4TH STREET
CHULUOTA, FL 32766** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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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: *Rolland Hudson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date 407-368-3691
Daytime Phone #

ATTACHMENT

Bank of America



#L0400002297V
30010254

R.L. HUDSON TRIM, LLC 06-04
407-365-3891
P.O. BOX 660422
CHULUOTA, FL 32768-0422

20026502

1010

Date 3-28-05

63-4/630 FL
435

Pay to the
order of

Florida Department of State \$ 50.00

fifty dollars + 00/100

Dollars



Bank of America



ACH R/T 063100277

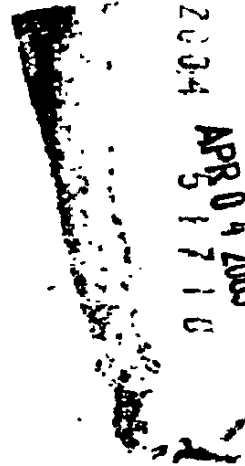
For

20-0927784

Rolland Hudson

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173-733



DEPARTMENT OF STATE
FOR DEPOSIT ONLY
ACCT # 1009068796

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04/07/05

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Capture Date: 20050407 Sequence #: 5940492707