2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000022974

R. L. HUDSON TRIM, LLC



FILED Feb 22, 2007 08:00 AM **Secretary of State**

Principal Place of Business

410 EAST 4TH STREET CHULUOTA, FL 32766 Mailing Address

410 EAST 4TH STREET CHULUOTA, FL 32766

US



02192007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0927784

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

	The above named entity submits this statement for the purpose of chathe obligations of registered agent.	anging its registered office or registered agent, or both, in	the State of Florida. I am familiar with, and accept
SI	GNATURE Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent algnature required when reinstating)	DATE
	Filing Fee is \$50.00		

Due by May 1, 2007

9.	9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HUDSON, ROLLAND L 410 EAST 4TH STREET CHULUOTA, FL 32766		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-SI-ZIP			
NAME STREET ADDRESS CITY-ST-ZIP			

U00000643593 03/02/07-80008-013 50.00

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling 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.

Daytime Phone #