

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90045 045 ****55.00

DOCUMENT # L04000023765



1. Entity Name
RIDGEWAY TRIM LLC

Principal Place of Business
7117 SW ARCHER ROAD
#2808
GAINESVILLE, FL 32608 US

Mailing Address
7117 SW ARCHER ROAD
#2808
GAINESVILLE, FL 32608 US

20014156



2. Principal Place of Business
7124 NW 126 AVE
Suite, Apt. #, etc.

3. Mailing Address
7124 NW 126 AVE
Suite, Apt. #, etc.

01272006 Chg-LLC CR2E083 (11/05)

City & State
ALACHUA, FL

City & State
ALACHUA, FL

4. FEI Number
20-0927735

Applied For
Not Applicable

Zip Country
32616 ALACHUA

Zip Country
32616 ALACHUA

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

6. Name and Address of Current Registered Agent

SHARON C BRANNAN CPA PA
161 N MAIN STREET
WILLISTON, FL 32696

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **RIDGEWAY, MICHAEL C**
STREET ADDRESS **7117 SW ARCHER ROAD, #2808**
CITY-ST-ZIP **GAINESVILLE, FL 32608**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **7124 NW 126 AVE**
CITY-ST-ZIP **ALACHUA FL 32616**

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

TITLE ☐ Change ☐ Addition
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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 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.

SIGNATURE *Michael C Ridgeway*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1.27.06
Date

Daytime Phone #

352-494-4111