LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2005 8:00 am
Secretary of State
04-27-2005 90035 047 ****50.00

DOCUMENT # L04000033813

1. Entity Name

Lanny's Trim LLC

DO NOT WRITE IN THIS SPACE

14002141

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2426 Violet Way Suite, Apt. #, etc.	2426 Violet Way Suite, Apt. #, etc.
City & State: Middleburg FL	City & State: Middleburg FL
Zip: 32068 Country: Clay	Zip: 32068 Country: Clay

4. FEI Number 26573 9386 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Lanny O'Neal

Street Address (P.O. Box Number is Not Acceptable): 2426 Violet Way

City: Middleburg FL Zip Code: 32068

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM
NAME	Lanny O'Neal
STREET ADDRESS	2426 Violet Way
CITY-ST-ZIP	Middleburg FL 32068
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CR2E083B (12/02)

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: Lanny O'Neal Lanny O'Neal 4-25-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #