

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000042285

Entity Name: DAVE'S TRIM SERVICE, LLC

FILED
May 04, 2007
Secretary of State

Current Principal Place of Business:

7118 GEORGIA AVE.
ST. JOE BEACH, FL 32456

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 13182
MEXICO BEACH, FL 32410

New Mailing Address:

FEI Number: 20-1275292 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GROOM, PAUL W II
206 E. FOURTH STREET
PORT ST. JOE,, FL 32456 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JOHNSON, DAVID
Address: P.O. BOX 13182
City-St-Zip: MEXICO BEACH, FL 32410

Title: MGRM () Delete
Name: JOHNSON, ADAM D
Address: P.O. BOX 13182
City-St-Zip: MEXICO BEACH, FL 32410

Title: MGRM () Delete
Name: KOPINSKY, ROBERT J
Address: 254 COURT ST.
City-St-Zip: PORT ST. JOE, FL 32456

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID JOHNSON

MGRM

05/04/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date