

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90030 043 ****50.00

DOCUMENT # L04000042632



1. Entity Name

MATT PIERSON TRIMWORK LLC

Principal Place of Business

**4223 CRICKET HOLLOW COVE
CASSELBERRY FL 32707**

Mailing Address

**4223 CRICKET HOLLOW COVE
CASSELBERRY FL 32707**



2. Principal Place of Business

503 Blue Water Ave

Suite, Apt. #, etc.

3. Mailing Address

503 Blue Water Ave

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

orange city FL

Zip

32703

Country

City & State

orange city FL

Zip

32703

Country

4. FEI Number

77-0636164

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PIERSON, MATTHEW
4223 CRICKET HOLLOW COVE
CASSELBERRY FL 32707**

7. Name and Address of New Registered Agent

Name

Pierson, Matthew

Street Address (P.O. Box Number is Not Acceptable)

503 Blue Water Ave

City

orange city

FL

Zip Code

32703

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

Matthew Pierson

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

(NOTE: Registered Agent signature required when reinstating)

4/10/06

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **PIERSON, MATTHEW**
STREET ADDRESS **4223 CRICKET HOLLOW COVE**
CITY-ST-ZIP **CASSELBERRY FL 32707**

TITLE **MGRM** ☐ Delete
NAME **PIERSON, DANA**
STREET ADDRESS **4223 CRICKET HOLLOW COVE**
CITY-ST-ZIP **CASSELBERRY FL 32707**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

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

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

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

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STREET ADDRESS
CITY-ST-ZIP

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 Section 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:

Matthew Pierson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/10/06

DATE

386-86-0055

Daytime Phone #