

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000042673

**FILED**  
**Apr 09, 2009**  
**Secretary of State**

**Entity Name:** SOUTHERN TRIM SERVICES, LLC

**Current Principal Place of Business:**

6960 SW 19TH AVENUE  
OCALA, FL 34476

**New Principal Place of Business:**

6960 SW 19TH AVENUE RD  
OCALA, FL 34476

**Current Mailing Address:**

P.O. BOX 4308  
OCALA, FL 34478

**New Mailing Address:**

**FEI Number:** 20-1218403

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

DUANE, ROBERT B  
6960 SW 19TH AVENUE  
OCALA, FL 34476 US

**Name and Address of New Registered Agent:**

DUANE, ROBERT B  
6960 SW 19TH AVENUE RD  
OCALA, FL 34476 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:**

04/09/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** DUANE, ROBERT B  
**Address:** 6960 SW 19TH AVENUE  
**City-St-Zip:** Ocala, FL 34476

**ADDITIONS/CHANGES:**

**Title:** MGR (X) Change ( ) Addition  
**Name:** DUANE, ROBERT B  
**Address:** 6960 SW 19TH AVENUE RD  
**City-St-Zip:** Ocala, FL 34476

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:** ROBERT B. DUANE

MGR

04/09/2009

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