


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 31, 2005 8:00 am
Secretary of State

04-04-2005 90423 023 ****50.00

DOCUMENT # L04000084601					
1. Entity Name TRIM - TRIM LAWN MAINTENANCE AND HANDYMAN SERVICES COMPANY, LLC					
Principal Place of Business 2836 SW MARQUIS TERRACE STUART, FL 34997			Mailing Address 2836 SW MARQUIS TERRACE STUART, FL 34997		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 53-0894044	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHNSON, EPHRAIM E 2836 SW MARQUIS TERRACE STUART, FL 34997				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 <small>Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when changing)</small>					
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR JOHNSON, EPHRAIM E 2836 SW MARQUIS TERRACE STUART, FL 34997	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JOHNSON, JEANNETTE 2836 SW MARQUIS TERRACE STUART, FL 34997	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>Jeannette Johnson</i>			2-12-05 772-450537		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, MANAGED MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date</small>		

Attachment 30008295
#104000084601

Form SS-4 (Rev. December 2001) Department of the Treasury Internal Revenue Service		Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records.		EIN 55-089-1044 OMB No. 1545-0003																
1 Legal name of entity (or individual) for whom the EIN is being requested Trim Trim Lawn Maintenance and Handyman Services Company LLC																				
2 Trade name of business (if different from name on line 1) _____		3 Executor, trustee, "care of" name Sole mbr																		
4a Mailing address (room, apt., suite no. and street, or P.O. box) 2836 SW Marquis Terr		5a Street address (if different) (Do not enter a P.O. box.) _____																		
4b City, state, and ZIP code Stuart FL 34997		5b City, state, and ZIP code _____																		
6 County and state where principal business is located Palm Beach FL																				
7a Name of principal officer, general partner, grantor, owner, or trustee Ephraim E. Johnson			7b SSN, ITIN, or EIN 155-92-0245																	
8a Type of entity (check only one box) <table border="0"> <tr> <td><input type="checkbox"/> Sole proprietor (SSN)</td> <td><input type="checkbox"/> Estate (SSN of decedent)</td> </tr> <tr> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> Plan administrator (SSN)</td> </tr> <tr> <td><input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____</td> <td><input type="checkbox"/> Trust (SSN of grantor)</td> </tr> <tr> <td><input type="checkbox"/> Personal service corp.</td> <td><input type="checkbox"/> National Guard <input type="checkbox"/> State/local government</td> </tr> <tr> <td><input type="checkbox"/> Church or church-controlled organization</td> <td><input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military</td> </tr> <tr> <td><input type="checkbox"/> Other nonprofit organization (specify) ▶ _____</td> <td><input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises</td> </tr> <tr> <td><input checked="" type="checkbox"/> Other (specify) ▶ LLC</td> <td>Group Exemption Number (GEN) ▶ _____</td> </tr> </table>						<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)	<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (SSN)	<input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____	<input type="checkbox"/> Trust (SSN of grantor)	<input type="checkbox"/> Personal service corp.	<input type="checkbox"/> National Guard <input type="checkbox"/> State/local government	<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military	<input type="checkbox"/> Other nonprofit organization (specify) ▶ _____	<input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises	<input checked="" type="checkbox"/> Other (specify) ▶ LLC	Group Exemption Number (GEN) ▶ _____	
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8b If a corporation, name the state or foreign country (if applicable) where incorporated _____		State _____		Foreign country _____																
9 Reason for applying (check only one box) <table border="0"> <tr> <td><input checked="" type="checkbox"/> Started new business (specify type) ▶ Lawn Maintenance & Handyman</td> <td><input type="checkbox"/> Banking purpose (specify purpose) ▶ _____</td> </tr> <tr> <td><input type="checkbox"/> Hired employees (Check the box and see line 12.)</td> <td><input type="checkbox"/> Changed type of organization (specify new type) ▶ _____</td> </tr> <tr> <td><input type="checkbox"/> Compliance with IRS withholding regulations</td> <td><input type="checkbox"/> Purchased going business</td> </tr> <tr> <td><input type="checkbox"/> Other (specify) ▶ _____</td> <td><input type="checkbox"/> Created a trust (specify type) ▶ _____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Created a pension plan (specify type) ▶ _____</td> </tr> </table>						<input checked="" type="checkbox"/> Started new business (specify type) ▶ Lawn Maintenance & Handyman	<input type="checkbox"/> Banking purpose (specify purpose) ▶ _____	<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Changed type of organization (specify new type) ▶ _____	<input type="checkbox"/> Compliance with IRS withholding regulations	<input type="checkbox"/> Purchased going business	<input type="checkbox"/> Other (specify) ▶ _____	<input type="checkbox"/> Created a trust (specify type) ▶ _____		<input type="checkbox"/> Created a pension plan (specify type) ▶ _____					
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10 Date business started or acquired (month, day, year) 11-04			11 Closing month of accounting year _____																	
12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ _____																				
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-". ▶ _____			Agricultural <input type="checkbox"/>		Household <input type="checkbox"/>															
14 Check one box that best describes the principal activity of your business. <table border="0"> <tr> <td><input type="checkbox"/> Construction</td> <td><input type="checkbox"/> Rental & leasing</td> <td><input type="checkbox"/> Transportation & warehousing</td> <td><input type="checkbox"/> Health care & social assistance</td> <td><input type="checkbox"/> Wholesale-agent/broker</td> </tr> <tr> <td><input type="checkbox"/> Real estate</td> <td><input type="checkbox"/> Manufacturing</td> <td><input type="checkbox"/> Finance & insurance</td> <td><input type="checkbox"/> Accommodation & food service</td> <td><input type="checkbox"/> Wholesale-other</td> </tr> <tr> <td></td> <td></td> <td></td> <td><input checked="" type="checkbox"/> Other (specify)</td> <td><input type="checkbox"/> Retail</td> </tr> </table>						<input type="checkbox"/> Construction	<input type="checkbox"/> Rental & leasing	<input type="checkbox"/> Transportation & warehousing	<input type="checkbox"/> Health care & social assistance	<input type="checkbox"/> Wholesale-agent/broker	<input type="checkbox"/> Real estate	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Finance & insurance	<input type="checkbox"/> Accommodation & food service	<input type="checkbox"/> Wholesale-other				<input checked="" type="checkbox"/> Other (specify)	<input type="checkbox"/> Retail
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15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. Lawn and Handyman Services																				
16a Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes," please complete lines 16b and 16c.																				
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ _____ Trade name ▶ _____																				
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) _____ City and state where filed _____ Previous EIN _____																				
Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.																				
Third Party Designee	Designee's name Jeanette Johnson		Designee's telephone number (include area code) (772) 219-7996																	
	Address and ZIP code 2836 SW Marquis Terr Stuart FL 34997		Designee's fax number (include area code) (772) 219-7996																	
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.			Applicant's telephone number (include area code) (772) 480-1537																	
Name and title (type or print clearly) ▶ Ephraim E Johnson			Applicant's fax number (include area code) (772) 219-7996																	
Signature ▶ _____			Date ▶ _____																	

Attachment

INTERNAL REVENUE SERVICE
BROOKHAVEN IRS CAMPUS
PO BOX 9003
HOLTSVILLE, NY 11742
FAX: (631) 447-8960
PHONE: 1-800-829-4933



IRS Employee # 0134364532

Team # 205

Date: April 20, 2005

30008295
L04000084601

Request for Missing Information or Papers to Complete Form SS-4

To: JEANNETTE JOHNSON

Fax: (772)219-7996

We are returning your Form SS-4 (Application for an Employer Identification Number) because we need more information to process it. Please complete the missing information indicated below and send the original documents to us at the address or fax listed above. In case we need further information, please provide us with your telephone number and the best hours to contact you.

Telephone: (772) 219-7996 / or 772-480-1537

Fax: 772-219-7996

Hours Available: 9A-7P M

PLEASE NOTE:

IMPORTANT: In order to fulfill your request for an EIN we will need you to supply us with the information indicated below along with the completed Form SS-4 and all other paperwork originally sent. Please include this cover sheet and FAX them to Fax listed above.

In order for us to process your Application for Employer Identification Number for your Limited Liability Company you must indicate how your business will be classified.

If you have more than one member you would be classified as a partnership.

If you have only one member you would be classified as a disregarded entity.

If you want to be classified as a corporation you must indicate whether you are a single member or multiple member LLC, then when you receive your Employer Identification Number you must file Form 8832 with the Philadelphia Service Center. Form 8832 can be obtained at (800) 829-3678 or through the internet at www.irs.gov.

We are a single member LLC. We do not have employees at this time.
EIN 55-0894044

This communication is intended for the sole use of the individual to whom it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this communication is not the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication may be strictly prohibited. If you have received this communication in error, please notify the sender immediately by telephone, and return the communication to the address above via the United States Postal Service. Thank you.

IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
P.O. BOX 9003
HOLTSVILLE NY 11742-9003

ATTACHMENT
30008295
- L04000084601

X

Date of this notice: 05-03-2005

Employer Identification Number:
55-0894044

Form: SS-4

Number of this notice: CP 575 F

For assistance you may call us at:
1-800-829-4933

TRIM TRIM LAWN MAINTENANCE AND
JOHNSON EPHRAIM E SOLE MBR
2836 SW MARQUIS TER
STUART FL 34997

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an EIN. We assigned you EIN 55-0894044. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, please use the label IRS provided. If that isn't possible you should use your EIN and complete name and address shown above on all federal tax forms, payments and related correspondence. If this information isn't correct, please correct it using the tear off stub from this notice. Return it to us so we can correct your account. If you use any variation of your name or EIN, doing so could cause a delay in processing and may result in incorrect information in your account. Doing so could result in our assigning you more than one EIN.

If you want to apply to receive a ruling or a determination letter recognizing your organization as tax exempt, and have not already done so, you should file Form 1023/1024, Application for Recognition of Exemption, with the IRS Ohio Key District Office. Publication 557, Tax Exempt Status for Your Organization, is available at most IRS offices and has details on how you can apply.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records.
- * Use this EIN and your name exactly as they appear above on all your federal tax forms.
- * Refer to this EIN on your tax related correspondence and documents.

Thank you for your cooperation.