

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90054 031 ****50.00

DOCUMENT # L05000029151



1. Entity Name

D. J. TRIM OF BAY COUNTY, LLC

Principal Place of Business

Mailing Address

602 POINSETTIA DRIVE
PANAMA CITY BEACH FL 32413
US

602 POINSETTIA DRIVE
PANAMA CITY BEACH FL 32413
US



2. Principal Place of Business

3. Mailing Address

602 Poinsettia Ct

602 Poinsettia Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

PANAMA CITY BEACH, FL

City & State

PANAMA CITY BEACH, FL

4. FEI Number

20-2960367

Applied For

Not Applicable

Zip

32413

Country

USA

Zip

32413

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HESS, BRIAN D
9108 FRONT BEACH AVENUE
PANAMA CITY BEACH FL 32407

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

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

(NOTE: Registered Agent signature required when reinstating)

3-13-06

DATE

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

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
JOHNSON, DEAN
602 POINSETTIA DRIVE
PANAMA CITY BEACH FL 32413 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

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

3-13-06

Date

850-235-1237

Daytime Phone #