

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000031820

Entity Name: NORTH FLORIDA TRIM, LLC

FILED
Mar 29, 2006
Secretary of State

Current Principal Place of Business:

10891 NE SR 24
ARCHER, FL 32618 US

New Principal Place of Business:

11851 NE 103RD TERR.
ARCHER, FL 32618 US

Current Mailing Address:

PO BOX 564
ARCHER, FL 32618 US

New Mailing Address:

FEI Number: 20-2728923

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOSS, JEREMY D
10891 NE SR 24
ARCHER, FL 32618 US

Name and Address of New Registered Agent:

MOSS, JEREMY D
11851 NE 103RD TERR.
ARCHER, FL 32618 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: JEREMY D. MOSS

03/29/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MOSS, JEREMY D
Address: PO BOX 564
City-St-Zip: ARCHER, FL 32618 US

Title: MGRM (X) Delete
Name: MOSS, SCOTT L
Address: PO BOX 564
City-St-Zip: ARCHER, FL 32618 US

Title: MGRM (X) Delete
Name: BENTON, ADAM C
Address: PO BOX 564
City-St-Zip: ARCHER, FL 32618 US

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 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: JEREMY D. MOSS

MGRM

03/29/2006

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