



**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Aug 08, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000049889</b> 1. Entity Name PHILIP WELLS CUSTOM TRIMWORK L.L.C.	
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Principal Place of Business 9402 LISKA DR. TALLAHASSEE, FL 32305	Mailing Address 9402 LISKA DR. TALLAHASSEE, FL 32305
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**DO NOT WRITE IN THIS SPACE**



05082007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number 20-2853633	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

WELLS, PHILIP  
9402 LISKA DR.  
TALLAHASSEE, FL 32305

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IN THIS SPACE**

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 *Philip Wells*      08/06/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

**Filing Fee is \$50.00  
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WELLS, PHILIP 9402 LISKA DR. TALLAHASSEE, FL 32305
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08/08/07-80008-015 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Philip Wells*      Philip Wells MGRM      08/06/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #      284-1431