

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 15, 2006 8:00 am
Secretary of State

08-15-2006 90078 018 ****55.00

DOCUMENT # L05000057913

1. Entity Name
STRAIGHT EDGE TRIM LLC



Principal Place of Business
**939 VISCAYA BLVD
SAINT AUGUSTINE, FL 32086 US**

Mailing Address
**PO BOX 1624
SAINT AUGUSTINE, FL 32085 FL**

20052633



2. Principal Place of Business
389 Casuarina Circle
Suite, Apt. #, etc.

3. Mailing Address
PO BOX 1624
Suite, Apt. #, etc.

07272006 Chg-LLC CR2E083 (11/05)

City & State
St. Augustine, FL
Zip
32086 Country
USA

City & State
St. Augustine, FL
Zip
32085 Country
USA

4. FEI Number
20297988-3 Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
**STRAITRAY CORPORATION
4075 A1A S STE 200A
SAINT AUGUSTINE, FL 32080**

7. Name and Address of New Registered Agent
Name **Tiffany M. Vreeland**
Street Address (P.O. Box Number is Not Acceptable)
389 Casuarina Circle
City **St. Augustine** FL Zip Code **32086**

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 **Tiffany M. Vreeland** **Tiffany M. Vreeland** **08/02/06**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by September 6, 2006**

**Make check payable to:
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VREELAND, SCOTT W 939 VISCAYA BLVD SAINT AUGUSTINE, FL 32086 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Vreeland, Scott W 389 Casuarina Circle St. Augustine, FL 32086 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Vreeland, Scott 389 Casuarina Circle St. Augustine, FL 32086 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Scott W. Vreeland** **8/10/06** **904-814-1346**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #