

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 29, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000066979

1. Entity Name
DISTINCTIVE TRIM & CROWN MOLDING LLC



Principal Place of Business
**2618 PALM DEER DR.
LOXAHATCHEE, FL 33470 PB**

Mailing Address
**11985 SOUTHERN BLVD
SUITE 233
ROYAL PALM BEACH, FL 33411 PB**



02012008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
76-0795858

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JOANN, OUTHYSE
2618 PALM DEER DR.
LOXAHATCHEE, FL 33470**

**DO NOT WRITE
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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

000000043944
03/12/09-80015-021 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	OUTHYSE, JOSEPH J
STREET ADDRESS	2618 PALM DEER DR.
CITY-ST-ZIP	LOXAHATCHEE, FL 33470
TITLE	MGRM
NAME	OUTHYSE, JOANN
STREET ADDRESS	2618 PALM DEER DR
CITY-ST-ZIP	LOXAHATCHEE, FL 33470
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

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

2-21-08

Date

561-784-0962

Daytime Phone #