

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 01, 2006 8:00 am
Secretary of State

01-26-2006 90069 046 ****50.00

DOCUMENT # L05000070771		
1. Entity Name INOCENTE TRIM SERVICE, LLC		

Principal Place of Business 421 AVENUE B EAST WAHNETA WINTER HAVEN, FL 33880	Mailing Address 421 AVENUE B EAST WAHNETA WINTER HAVEN, FL 33880
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30001439



2. Principal Place of Business 421 Ave. B East Wahneta		3. Mailing Address same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Winter Haven Fl.		City & State same	
Zip 33880	Country U.S.A	Zip same	Country same

01112006 Chg-LLC CR2E083 (11/05)

4. FEI Number 68-0674293	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent DUARTE, INOCENTE 421 AVENUE B EAST WAHNETA WINTER HAVEN, FL 33880	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 Inocente Duarte DATE 2/24/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DUARTE, INOCENTE 421 AVENUE B EAST WAHNETA WINTER HAVEN, FL 33880 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	all same ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME 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 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: Inocente Duarte DATE 1/24/06
Signature and typed or printed name of signing managing member, manager, or authorized representative

ATTACHMENT

3000439

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My name is Inocente Duarte owner of Inocente Trim Service, LLC. I would like to know why on the Limited Liability Company Annual Report in block 9 for the title ya have me down as manager. When I own Inocente Trim Service, LLC 100%. I would like to fix that because I'm the only one that owns Inocente Trim Service, LLC. I would like to get a request so that could get fixed.

Sincerely,

Inocente Duarte
2/24/06