

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 09, 2007 8:00 am**  
**Secretary of State**

03-09-2007 90135 004 \*\*\*\*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**

**20005923**



2. Principal Place of Business - No P.O. Box #  
**1801 US HWY 17 SOUTH**

3. Mailing Address  
**1801 US HWY 17 SOUTH**

Suite, Apt. #, etc.  
**LOT 14**

Suite, Apt. #, etc.  
**LOT-14**

City & State  
**FORT MEADE FL.**

City & State  
**FORT MEADE FL.**

Zip  
**33841**

Country  
**POLK**

Zip  
**33841**

Country  
**POLK**

01182007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**68-0614293**

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  
**DUARTE INOCENTE**

Street Address (P.O. Box Number is Not Acceptable)  
**1801 US HWY 17 SOUTH**

**LOT-1**

City  
**FORT MEADE**

FL

Zip Code  
**33841**

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*  
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 May 1, 2007**

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

**9. MANAGING MEMBERS/MANAGERS**

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 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
DUARTE INOCENTE  
1801 US HWY SOUTH  
FORT MEADE, FL 33841** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

Date

Daytime Phone #