

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90036 007 ****50.00

DOCUMENT # L05000077152

1. Entity Name
JUST TRIM, LLC



Principal Place of Business
4949 EAST STATE ROAD 64, #135
BRADENTON, FL 34208

Mailing Address
4949 EAST STATE ROAD 64, #135
BRADENTON, FL 34208

20026720

2. Principal Place of Business
4949 E St Rd 64
Suite, Apt. #, etc.
135

3. Mailing Address
4949 E St Rd 64
Suite, Apt. #, etc.
135

City & State
Bradenton, FL
Zip
34208
Country
USA

City & State
Bradenton, FL
Zip
34208
Country
USA

04042006 Chg-LLC CR2E083 (11/05)

4. FEI Number Applied For
☒ Not Applicable

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

6. Name and Address of Current Registered Agent

STEVEN COLE WORLEY
1131 CARLTON ARMS BLVD., APT. B
BRADENTON, FL 34208

7. Name and Address of New Registered Agent

Name Steven Cole Worley
Street Address (P.O. Box Number is Not Acceptable)
1131 B Carlton Arms Blvd
City Bradenton FL Zip Code 34208

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

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME JAIME NICOLE SANFORD WORLEY
STREET ADDRESS 1131-B CARLTON ARMS BLVD.
CITY-ST-ZIP BRADENTON, FL 34208

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM
NAME Steven Cole Worley
STREET ADDRESS 1131-B Carlton Arms Blvd
CITY-ST-ZIP Bradenton, FL 34208

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CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Jaime Nicole Sanford Worley 4-5-06 708-3762