

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000077152

1. Entity Name
JUST TRIM, LLC



Principal Place of Business
4949 E ST RD 64
135
BRADENTON, FL 34208

Mailing Address
3058 CASTLETON DRIVE
BRADENTON, FL 34208

2. Principal Place of Business - No P.O. Box #
1390 Carlton Arms Drive

3. Mailing Address
1390 Carlton Arms Dr.

Suite, Apt. #, etc.
Apt. A

Suite, Apt. #, etc.
Apt. A

City & State
Bradenton, FL

City & State
Bradenton, FL

Zip
34208

Country
USA

Zip
34208

Country
USA

11032008 REIN-LLC CR2E101 (1/07)

4. FEI Number
NOT APPLICABLE

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-B CARLTON ARMS BLVD 1390-A Carlton Arms Drive
BRADENTON, FL 34208

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Steven C. Worley

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

(NOTE: Registered Agent signature required when reinstating)

11-16-08

DATE

FILE NOW!!! FEE IS \$138.75
After January 1, 2009, Fee will be \$277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
WORLEY, STEVEN C
1131-B CARLTON ARMS BLVD
BRADENTON, FL 34208 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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CITY - ST - ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
800138073448
11/19/08--01013--003 **138.75

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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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:

Steven C. Worley Steven C. Worley

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

Date

11-16-08

Daytime Phone #

FILED

NOV 19 AM 10:40

SECRETARY OF STATE
TALLAHASSEE FLORIDA



REINSTATEMENT

Steven C. Worley