


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000081913</b> 1. Entity Name THOMAS TRIM & CONSTRUCTION, LLC	
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Principal Place of Business 4825 SOUTHWEST 78TH PLACE LAKE BUTLER, FL 32054	Mailing Address 4825 SOUTHWEST 78TH PLACE LAKE BUTLER, FL 32054
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**DO NOT WRITE IN THIS SPACE**



01302007No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3326985	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

THOMAS, DAVID N  
4825 SOUTHWEST 78TH PLACE  
LAKE BUTLER, FL 32054

**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

**Filing Fee is \$50.00  
Due by May 1, 2007**

U00000620787  
02/09/07-80051-002 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THOMAS, DAVID N 4825 SOUTHWEST 78TH PLACE LAKE BUTLER, FL 32054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THOMAS, ZACHARY M 4825 SOUTHWEST 78TH PLACE LAKE BUTLER, FL 32054
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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: David Thomas **DAVID THOMAS** 1-30-07 352-281-1534  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #