

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000093587

FILED
Apr 18, 2008
Secretary of State

Entity Name: JERRY SANDERS TRIM, LLC

Current Principal Place of Business:

9012 MAYWOOD CIRCLE
LABELLE, FL 33935

New Principal Place of Business:

1310 POINCIANA AVE.
FORT MYERS, FL 33901

Current Mailing Address:

PO BOX 1287
LABELLE, FL 33975

New Mailing Address:

1310 POINCIANA AVE.
FORT MYERS, FL 33901

FEI Number: 20-3974175

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SANDERS, JERRY H
9012 MAYWOOD CIRCLE
LABELLE, FL 33935 US

Name and Address of New Registered Agent:

SANDERS, JERRY H
1310 POINCIANA AVE.
FORT MYERS, FL 33901 US

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.

SIGNATURE:

04/18/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SANDERS, DEBRA A
Address: 9012 MAYWOOD CIRCLE
City-St-Zip: LABELLE, FL 33935 US

Title: MGRM () Delete
Name: SANDERS, JERRY H
Address: 9012 MAYWOOD CIRCLE
City-St-Zip: LABELLE, FL 33935 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SANDERS, JERRY H
Address: 1310 POINCIANA AVE.
City-St-Zip: FORT MYERS, FL 33901 US

Title: MGRM (X) Change () Addition
Name: SANDERS, DEBRA A
Address: 1310 POINCIANA AVE.
City-St-Zip: FORT MYERS, FL 33901 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JERRY H SANDERS

MGRM

04/18/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date