

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000121927

Entity Name: KILLER TRIM LLC

FILED  
May 02, 2007  
Secretary of State

**Current Principal Place of Business:**

7553 SW 58TH LANE APT. #314  
GAINESVILLE, FL 32608

**New Principal Place of Business:**

106 FREEDOM WAY  
PANAMA CITY BEACH, FL 32413 US

**Current Mailing Address:**

7553 SW 58TH LANE APT. #314  
GAINESVILLE, FL 32608

**New Mailing Address:**

106 FREEDOM WAY  
PANAMA CITY BEACH, FL 32413 US

FEI Number: 20-3986568      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

JONES, DEBRA A  
5237 MELISSA DRIVE  
PANAMA CITY, FL 32404 US

**Name and Address of New Registered Agent:**

HECK, LEONARD T  
106 FREEDOM WAY  
PANAMA CITY BEACH, FL 32413 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: LEONARD T HECK

05/02/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HECK, LEONARD T  
Address: 8719 TRACY WAY  
City-St-Zip: PANAMA CITY, FL 32404

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: HECK, LEONARD T  
Address: 106 FREEDOM WAY  
City-St-Zip: PANAMA CITY BEACH, FL 32413 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: LEONARD T HECK

MGRM

05/02/2007

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