## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000016975

1. Entity Name
DWYER'S TRIM LLC



US

FILED Apr 17, 2008 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

9611 INDIAN BLUFF ROAD YOUNGSTOWN, FL 32466

211

9611 INDIAN BLUFF ROAD YOUNGSTOWN, FL 32466



DO NOT WRITE IN THIS SPACE

04032008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-4324618

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DWYER, VERNON O 9611 INDIAN BLUFF ROAD YOUNGSTOWN, FL 32466 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

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

- U00000904729 -- --05/01/09-90094-01/

MANAGING MEMBERS/MANAGERS 9. MGRM TITLE DWYER, VERNON O NAME STREET ADDRESS 9611 INDIAN BLUFF ROAD CITY-ST-ZIP YOUNGSTOWN, FL 32466 TITLE NAME STREET ADDRESS CITÝ-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZiP TITLE NAME STREET ADDRESS CITY - ST- ZIP TITLE INAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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 aignature shall have the same legal effect as if made under oath; that I am a managing member or manager of the fimited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608. Florida Statutes.

SIGNATURE

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

Date

Dayume Phone #