

**2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

**FILED  
Mar 28, 2008  
Secretary of State**

DOCUMENT# L06000052689

Entity Name: CHOPPER'S TRIM, LLC

**Current Principal Place of Business:**

2169 CHAPPAREL STREET  
NAVARRE, FL 32566 US

**New Principal Place of Business:**

**Current Mailing Address:**

2169 CHAPPAREL STREET  
NAVARRE, FL 32566 US

**New Mailing Address:**

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired ( )

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

LYNCHARD LAW FIRM, P.A.  
1901 ANDORRA STREET  
NAVARRE, FL 32566 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title:                      MGRM                      ( ) Delete  
Name:                      VOLLE, CARL  
Address:                      2169 CHAPPAREL STREET  
City-St-Zip:                      NAVARRE, FL 32566 US

Title:                      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      MGRM                      ( ) Change (X) Addition  
Name:                      ALLEN, RICHARD  
Address:                      2262 TOM STREET  
City-St-Zip:                      NAVARRE, FL 32566 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: CARL VOLLE

MGRM

03/28/2008

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