

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000057903

Entity Name: SCOTT MOSS TRIM LLC

FILED  
May 01, 2009  
Secretary of State

## Current Principal Place of Business:

10650 NE 114TH STREET  
ARCHER, FL 32618

## New Principal Place of Business:

11851 NE 103RD TERR  
ARCHER, FL 32618

## Current Mailing Address:

10650 NE 114TH STREET  
ARCHER, FL 32618

## New Mailing Address:

11851 NE 103RD TERR  
ARCHER, FL 32618

FEI Number: 75-3217009      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:

MOSS, SCOTT L MR.  
11650 NE 114TH STREET  
ARCHER, FL 32618      US

## Name and Address of New Registered Agent:

MOSS, SCOTT L MR.  
11851 NE 103RD TERR  
ARCHER, FL 32618      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: \_\_\_\_\_

05/01/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: P      ( ) Delete  
Name: MOSS, SCOTT L MR.  
Address: 11650 NE 114TH STREET  
City-St-Zip: ARCHER, FL 32618 US

## ADDITIONS/CHANGES:

Title: P      (X) Change ( ) Addition  
Name: MOSS, SCOTT L MR.  
Address: 11851 NE 103RD TERR  
City-St-Zip: ARCHER, FL 32618 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: SCOTT MOSS

P

05/01/2009

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