

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000067263

1. Entity Name  
QUALITY TRIM AND REMODLING LLC



**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90480 007 \*\*\*\*50.00

Principal Place of Business  
514 NW STREET  
PO BOX 360  
STEINHATCHEE, FL 32359 US

Mailing Address  
514 NW STREET  
PO BOX 360  
STEINHATCHEE, FL 32359 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03042007 Chg-LLC CR2E083 (12/06)

4. FEI Number

84-1709382

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

GRAMLING, DELILIA  
514 NW STREET  
PO BOX 360  
STEINHATCHEE, FL 32359

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Filing Fee is \$50.00  
Due by May 1, 2007

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

MGR  
GRAMLING, CHARLES P  
514 NW STREET  
STEINHATCHEE, FL 32359

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE  
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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 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:

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

Charles P Gramling

3-9-07

Date

352-498-3667

Daytime Phone #