

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 10, 2008 08:00 A
Secretary of State

DOCUMENT # L06000089207

1. Entity Name
RELIABLE DOORS & TRIM LLC



Principal Place of Business
**10365 HOOD RD SOUTH UNIT 205
JACKSONVILLE, FL 32257**

Mailing Address
**10365 HOOD RD SOUTH UNIT 205
JACKSONVILLE, FL 32257**



01092008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3942579	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145**

**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**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BURGE, JAMES
STREET ADDRESS	10365 HOOD RD SOUTH UNIT 205
CITY-ST-ZIP	JACKSONVILLE, FL 32257

TITLE	S
NAME	BURGE, JAMES
STREET ADDRESS	10365 HOOD RD SOUTH UNIT 205
CITY-ST-ZIP	JACKSONVILLE, FL 32257

TITLE	T
NAME	FAUCETT, CHARLES T
STREET ADDRESS	10365 HOOD RD SOUTH UNIT 205
CITY-ST-ZIP	JACKSONVILLE, FL 32257

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000890461
04/22/08-80096-010 138.75

**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 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-8-08 904-860-3870