

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000099836

Entity Name: W.W .TRIM, LLC

**FILED**  
**Dec 16, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

2029 SW ALADDIN ST  
PORT ST LUCIE, FL 34953 US

**New Principal Place of Business:**

**Current Mailing Address:**

2029 SW ALADDIN ST  
PORT ST LUCIE, FL 34953 US

**New Mailing Address:**

FEI Number: 41-2216835      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

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

WOODS, WILLIAM  
2029 SW ALADDIN ST  
PORT ST LUCIE, FL 34953 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: WILLIAM WOODS

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WOODS, WILLIAM  
Address: 2029 SW ALADDIN ST  
City-St-Zip: PORT ST LUCIE, FL 34953

**ADDITIONS/CHANGES:**

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

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: WILLIAM WOODS

MR

12/16/2008

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