

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000006347

Entity Name: HARRELL & TRIM, LLC

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

200-B E. MONUMENT AVE.
KISSIMMEE, FL 34741

New Principal Place of Business:

409 KENTUCKY AVE.
ST. CLOUD, FL 34769

Current Mailing Address:

200-B E. MONUMENT AVE.
KISSIMMEE, FL 34741

New Mailing Address:

409 KENTUCKY AVE.
ST. CLOUD, FL 34769

FEI Number: 51-0617811

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRIM, AMANDA V
1304-D BOULDER DRIVE
KISSIMMEE, FL 34744 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: HARRELL, JONATHAN D
Address: 409 KENTUCKY AVENUE
City-St-Zip: ST. CLOUD, FL 34769

Title: MGRM () Delete
Name: TRIM, MICHAEL A
Address: 1304-D BOULDER DRIVE
City-St-Zip: KISSIMMEE, FL 34744

ADDITIONS/CHANGES:

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

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: MICHAEL A. TRIM

MM

04/30/2008

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