

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000065419

FILED  
Aug 23, 2008  
Secretary of State

**Entity Name:** SILVER CUSTOM TRIM BY BRUCE R SILVER, LLC

**Current Principal Place of Business:**

2215 BARKWOOD CT  
LAKE MARY, FL 32746

**New Principal Place of Business:**

322 FRIARS LANE  
LAKE MARY, FL 32746

**Current Mailing Address:**

2215 BARKWOOD CT  
LAKE MARY, FL 32746

**New Mailing Address:**

322 FRIARS LANE  
LAKE MARY, FL 32746

FEI Number: 26-0420242      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:**

SMITH, ANN  
1217 PARK GREEN PL  
WINTER PARK, FL 32789      US

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

SILVER, BRUCE R MR  
322 FRIARS LANE  
LAKE MARY, FL 32746      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: BRUCE R SILVER

08/23/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: SILVER, BRUCE R  
Address: 2215 BARKWOOD CT  
City-St-Zip: LAKEMARY, FL 32746

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: SILVER, BRUCE R  
Address: 322 FRIARS LANE  
City-St-Zip: LAKEMARY, FL 32746

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: BRUCE R SILVER

MNGR

08/23/2008

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