

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L12000012794

**FILED**  
**Dec 23, 2013**  
**Secretary of State**

**Entity Name:** THE BROTHERS TRIMM LLC

**Current Principal Place of Business:**

12359 PULASKI RD  
JACKSONVILLE, FL 32218 US

**New Principal Place of Business:**

230A KATHERINE RD  
JACKSONVILLE, FL 32218 US

**Current Mailing Address:**

12359 PULASKI RD  
JACKSONVILLE, FL 32218 US

**New Mailing Address:**

230A KATHERINE RD  
JACKSONVILLE, FL 32218 US

**FEI Number:** 45-4388616

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

WILSON, JACKIE  
12359 PULASKI RD  
JACKSONVILLE, FL 32218 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:** JACKIE WILSON

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** CANADY, HAL  
**Address:** 230A KATHERINE RD  
**City-St-Zip:** JACKSONVILLE, FL 32218 US

**Title:** MGR  
**Name:** WILSON, JACKIE  
**Address:** 230A KATHERINE RD  
**City-St-Zip:** JACKSONVILLE, FL 32218 US

I hereby 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:** JACKIE WILSON

MGR

12/23/2013

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