

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000003427

FILED
Apr 18, 2008
Secretary of State

Entity Name: RETAIL CABINET GROUP SALES SUPPORT, LLC

Current Principal Place of Business:

2 EASTON OVAL
COLUMBUS, OH 432196036

New Principal Place of Business:

15535 S. STATE ROAD
MIDDLEFIELD, OH 44062

Current Mailing Address:

C/O TAX DEPARTMENT
21001 VAN BORN RD
TAYLOR, MI 481801340

New Mailing Address:

FEI Number: 65-0584777 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MGR () Delete
Name: GARGARO, EUGENE A JR
Address: 21001 VAN BORN RD
City-St-Zip: TAYLOR, MI 48180

Title: MGR () Delete
Name: LEEKLEY, JOHN R
Address: 21001 VAN BORN RD
City-St-Zip: TAYLOR, MI 48180

Title: MGR () Delete
Name: SZNEWAJS, JOHN G
Address: 21001 VAN BORN RD
City-St-Zip: TAYLOR, MI 48180

ADDITIONS/CHANGES:

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

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: JOHN G. SZNEWAJS MNGR 04/18/2008

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