| • • • • • • • • • • •  |  |                          |   |                               |
|--|--|--------------------------|---|-------------------------------|
| 184 MARY L<br>CRESTVIEW  | ANE<br>/, FL 32536 US  |                          |   |                               |
| FEI Number: 61-1467637   |  |                          | Certificate of Status Desired: No               |                               |
| Name and A   | ddress of Current Registered Agent:  |                          |   |                               |
| FORS, RANDY<br>184 MARY LAN<br>CRESTVIEW, F                            |  |                          |   |                               |
| 0  |  |                          |   |                               |
|  | l entity submits this statement for the purpose of changing its reg                                      | istered office or regis  | tered agent, or both, in the State of Flor      | ida.                          |
| The above named  | l entity submits this statement for the purpose of changing its reg<br>: RANDY B FORS                    | istered office or regis  | tered agent, or both, in the State of Flor      | <sub>ida.</sub><br>03/29/2019 |
| The above named  |  | istered office or regis  | tered agent, or both, in the State of Flor.     |                               |
| The above named  | RANDY B FORS   | istered office or regis  | tered agent, or both, in the State of Flor.     | 03/29/2019                    |
| The above named  | Electronic Signature of Registered Agent   | istered office or regis  | tered agent, or both, in the State of Flor.     | 03/29/2019                    |
| The above named<br>SIGNATURE<br>Authorized                             | RANDY B FORS     Electronic Signature of Registered Agent  Person(s) Detail :                            |                          |   | 03/29/2019                    |
| The above named<br>SIGNATURE<br>Authorized                             | RANDY B FORS     Electronic Signature of Registered Agent Person(s) Detail :     MANAGER                 | Title                    | MANAGER   | 03/29/2019                    |
| The above named<br>SIGNATURE<br>Authorized<br>Title<br>Name<br>Address | RANDY B FORS     Electronic Signature of Registered Agent Person(s) Detail :     MANAGER     FORS, RANDY | Title<br>Name            | MANAGER<br>HUGHES, KENNETH<br>1624 CASWELL ROAD | 03/29/2019<br>Date            |
| The above named<br>SIGNATURE<br>Authorized<br>Title<br>Name<br>Address | Electronic Signature of Registered Agent Person(s) Detail : MANAGER FORS, RANDY 184 MARY LANE            | Title<br>Name<br>Address | MANAGER<br>HUGHES, KENNETH<br>1624 CASWELL ROAD | 03/29/2019<br>Date            |

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RANDY FORS

MANAGER

03/29/2019

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000012473

Entity Name: CABINETS OF DISTINCTION, LLC

## **Current Principal Place of Business:**

184 MARY LANE CRESTVIEW, FL 32536

## **Current Mailing Address:**

FILED Mar 29, 2019 Secretary of State 6723225548CC

Electronic Signature of Signing Authorized Person(s) Detail

Date