184 MARY L CRESTVIEW	ANE V, FL 32536 US			
FEI Number	r: 61-1467637		Certificate of Status Des	sired: No
Name and A	Address of Current Registered Age	ent:		
FORS, RANDY				
184 MARY LAN CRESTVIEW, F				
184 MARY LAN CRESTVIEW, F		nanging its registered office or regis	tered agent, or both, in the State of Fl	orida.
184 MARY LAN CRESTVIEW, F	E 32536 US	nanging its registered office or regis	tered agent, or both, in the State of Fl	orida. 02/17/2022
184 MARY LAN CRESTVIEW, F	TL 32536 US		tered agent, or both, in the State of Fl	
184 MARY LAN CRESTVIEW, F The above named SIGNATURE	E 32536 US d entity submits this statement for the purpose of ch E: RANDY B FORS		tered agent, or both, in the State of Fl	02/17/2022
184 MARY LAN CRESTVIEW, F The above named SIGNATURE	C 32536 US     d entity submits this statement for the purpose of ch     E: RANDY B FORS     Electronic Signature of Registered Agent		tered agent, or both, in the State of Fl	02/17/2022
184 MARY LAN CRESTVIEW, F The above named SIGNATURE Authorized	<ul> <li>E 32536 US</li> <li>d entity submits this statement for the purpose of ch</li> <li>E: RANDY B FORS</li> <li>Electronic Signature of Registered Agent</li> <li>Person(s) Detail :</li> </ul>			02/17/2022
184 MARY LAN CRESTVIEW, F The above named SIGNATURE Authorized Title	<ul> <li>E 32536 US</li> <li>d entity submits this statement for the purpose of ch</li> <li>E RANDY B FORS</li> <li>Electronic Signature of Registered Agent</li> <li>Person(s) Detail :</li> <li>MANAGER</li> </ul>	Title	MANAGER	02/17/2022

## 2022 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:**

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

02/17/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date

## FILED Feb 17, 2022 Secretary of State 9695705225CC