

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000040210

**Entity Name:** NSB CABINETS LLC

**Current Principal Place of Business:**

119 THOMAS AVENUE  
EDGEWATER, FL 32132

**Current Mailing Address:**

P.O. BOX 1223  
NEW SMYRNA BEACH, FL 32170-1223 US

**FEI Number:** 46-2294113

**Certificate of Status Desired:** No

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

BROCK, DAVID M  
119 THOMAS AVENUE  
EDGEWATER, FL 32132 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:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name BROCK, DAVID M  
Address 119 THOMAS AVENUE  
City-State-Zip: EDGEWATER FL 32132

Title MGRM  
Name BROCK, SHEILA B  
Address 119 THOMAS AVENUE  
City-State-Zip: EDGEWATER FL 32132

*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:** DAVID MARSHALL BROCK

MGRM

04/21/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date