# 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: LAWRENCE NOBLE

Electronic Signature of Signing Authorized Person(s) Detail

# 2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000096907

Entity Name: NOBLE & NOBLE CABINETS, LLC

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

14778 PEEKSKILL DRIVE WINTER GARDEN. FL 34787

#### **Current Mailing Address:**

14778 PEEKSKILL DRIVE WINTER GARDEN, FL 34787

## FEI Number: 46-3131015

# Name and Address of Current Registered Agent:

ALCANTARA, LURYS 365 E SR 434 LONGWOOD, FL 32750 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 Sign

## Authorized Person(s) Deta

Title	MGR	Title	MGRM
Name	NOBLE, LAWRENCE J	Name	NOBLE, NA'TRON
Address	14778 PEEKSKILL DRIVE	Address	14778 PEEKSKILL DRIVE
City-State-Zip:	WINTER GARDEN FL 34787	City-State-Zip:	WINTER GARDEN FL 34787

nature of Registered Agent					
tail :					
	Title	MGRM			
ENCE J	Name	NOBLE, NA'TRON			
	Addross				

PRESIDENT

04/29/2014 Date

FILED Apr 29, 2014 Secretary of State CC8462256903

Certificate of Status Desired: No

Date