

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000120430

**Entity Name:** THOMAS' CUSTOM CABINETS & RENOVATIONS, LLC

**Current Principal Place of Business:**

140 W. MICHIGAN ST.  
APT. 1  
DELAND, FL 32720

**Current Mailing Address:**

140 W. MICHIGAN ST.  
APT. 1  
DELAND, FL 32720

**FEI Number:** 47-1587967

**Certificate of Status Desired:** No

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

KOFAHL, THOMAS W  
140 W. MICHIGAN STREET  
APT.1  
DELAND, FL 32720 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 MGR  
Name KOFAHL, THOMAS W  
Address 140 W. MICHIGAN ST, APT. 1  
City-State-Zip: DELAND FL 32720

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:** THOMAS KOFAHL

**OWNER**

**04/30/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date