

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000183240

Entity Name: SHADDIX CABINETRY AND DESIGN, LLC

Current Principal Place of Business:

5549 DELONA RD.
MILTON, FL 32583

Current Mailing Address:

P.O. BOX 942
SUMMERDALE, AL 36580 US

FEI Number: 47-5453615

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

PITTMAN, JANET L
5549 DELONA RD.
MILTON, FL 32583 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 AMBR
Name SHADDIX, JAMES W
Address 21156 CO. RD. 38 SOUTH
City-State-Zip: SUMMERDALE AL 36580

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: JAMES W. SHADDIX

AMBR

05/04/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date