

**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