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. 03/16/2020

MGR

SIGNATURE: EDGARDO PENA

Electronic Signature of Signing Authorized Person(s) Detail

City-State-Zip: PORT ST LUICE FL 34953 City-State-Zip: PORT ST LUICE FL 34953

Authorized Person(s) Detail :			
Title	MGR	Title	MGR
Name	PENA, EDGARDO	Name	PENA, HECTOR R SR
Address	1801 SW HAMPSHIRE LANE	Address	1801 SW HAMPSHIRE LANE

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.

PENA, HECTOR R SR. 1690 SE S NIEMEYER CIRCLE PORT ST LUICE, FL 34952 US

SIGNATURE:

FEI Number: 81-5451390

1690 SE S NIEMEYER CIR PORT ST LUCIE, FL 34952

Current Mailing Address:

PORT ST LUICE. 34952 UN

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L17000042642

Entity Name: PENA'S CUSTOM CABINETS LLC

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

Current Principal Place of Business:

1690 SE SOUTH NIEMEYER CIRCLE

FILED Mar 16, 2020

Secretary of State

0507323318CC

Certificate of Status Desired: No

Date

Date