#### 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: DARRYL L CANNON

Electronic Signature of Signing Authorized Person(s) Detail

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

## Authorized Person(s) Detail :

Title	MGR	Title	AMBR
Name	CANNON, DARRYL L	Name	CANNON, CHASE P
Address	230 NW CR 235	Address	230 NW COUNTY ROAD 235
City-State-Zip:	NEWBERRY FL 32669	City-State-Zip:	NEWBERRY FL 32669

# 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L18000259965

### Entity Name: NEWBERRY CABINETS AND INSTALLATION, LLC

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

100 SW 266TH STREET UNIT 40 NEWBERRY, FL 32669

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

100 SW 266TH STREET **UNIT 40** NEWBERRY, FL 32669 US

#### FEI Number: 83-2530642

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

CANNON, JEANEEN S 230 NW CR 235 NEWBERRY, FL 32669 US

Date

04/16/2024

# FILED Apr 16, 2024 Secretary of State 2013221649CC

Date

Certificate of Status Desired: No

MGR