

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000262658

**Entity Name:** CABINET SOLUTIONS & DESIGN LLC

**Current Principal Place of Business:**

9800 HEALTHPARK CIRCLE  
101  
FT MYERS, FL 33908

**Current Mailing Address:**

9800 HEALTHPARK CIRCLE  
101  
FT MYERS, FL 33908 US

**FEI Number:** 84-3565089

**Certificate of Status Desired:** No

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

STRONGIN, CARRIE A  
9800 HEALTHPARK CIRCLE  
101  
FT MYERS, FL 33908 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 STRONGIN, CARRIE A  
Address 9800 HEALTHPARK CIRCLE #101  
City-State-Zip: FT MYERS FL 33908

*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:** CARRIE STRONGIN

MGR

03/12/2021

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

\_\_\_\_\_  
Date