

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000183492

**Entity Name:** WHITE SHAKER CABINET SUPPLY, LLC

**Current Principal Place of Business:**

120 ALLGOOD CIRCLE  
#305  
SAINT AUGUSTINE, FL 32086

**Current Mailing Address:**

120 ALLGOOD CIRCLE  
#305  
SAINT AUGUSTINE, FL 32086

**FEI Number:** 88-2271570

**Certificate of Status Desired:** Yes

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

FAMIGLIETTI, DANIEL F  
120 ALLGOOD CIRCLE  
#305  
SAINT AUGUSTINE, FL 32086 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            FAMIGLIETTI, DANIEL F  
Address        741 LA MANCHA DRIVE  
City-State-Zip: SAINT AUGUSTINE FL 32086

Title            AMBR  
Name            HEISE, MATTHEW J  
Address        309 BRANTLEY HARBOR DRIVE  
City-State-Zip: SAINT AUGUSTINE FL 32086

*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:** DANIEL FAMIGLIETTI

AMBR

02/23/2023

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

\_\_\_\_\_  
Date