

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000013677

**FILED**  
**Jan 12, 2010**  
**Secretary of State**

**Entity Name:** ITALIAN CABINETRY DESIGNS, L.C.

**Current Principal Place of Business:**

2628 17TH STREET  
SARASOTA, FL 34234

**New Principal Place of Business:**

202 N TAMIAMI TRAIL  
SARASOTA, FL 34236

**Current Mailing Address:**

2628 17TH STREET  
SARASOTA, FL 34234

**New Mailing Address:**

202 N TAMIAMI TRAIL  
SARASOTA, FL 34236

**FEI Number:** 03-0457404

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BRIDGES, JAMES E  
136 GOLDEN GATE PT  
UNIT 1001  
SARASOTA, FL 34236 US

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

BRIDGES, JAMES E  
128 GOLDEN GATE PT  
UNIT 1001  
SARASOTA, FL 34236 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:

01/12/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: CEO  
Name: BRIDGES, JAMES E  
Address: 128 GOLDEN GATE POINT  
City-St-Zip: SARASOTA, FL 34236

Title: CEO  
Name: KOLBRENER, CHARLES W  
Address: 175 SHERWOOD PASS  
City-St-Zip: ROSWELL, GA 30075

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: JAMES E BRIDGES

MGR

01/12/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date