

64308

0000376

DOCUMENT # L02000029308

1. Entity Name
K.W. MCGOWIN KABINETS L.L.C.



FILED

03 NOV 13 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1314 NE 8TH ST.
OCALA FL 34470

Mailing Address
1314 NE 8TH ST.
OCALA FL 34470



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
1314 NE 8TH ST
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 5612
Suite, Apt. #, etc.

City & State
OCALA FL

City & State
OCALA FL

4. FEI Number
113698592
Applied For
☐ Not Applicable

Zip
34470
Country

Zip
34478
Country
MARION

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
MCGOWIN, KENNETH WAYNE
1314 NE 8TH ST.
OCALA FL 34470

7. Name and Address of New Registered Agent
Name
KENNETH W. MCGOWIN
Street Address (P.O. Box Number is Not Acceptable)
1314 NE 8TH ST
City
OCALA FL Zip Code
34470

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
Kenneth McGowin

(NOTE: Registered Agent signature required when reinstating)

10-31-03
DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT KENNETH MCGOWIN 1314 NE 8TH ST OCALA FL 34470	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	300024641023 11/13/03--01051--033 **155.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 03	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AL	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: ~~SIGNATURE REQUIRED~~

10-31-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #

CR2E083 (4/03)