2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90185 025 ****55.00

24049576

01132004 Chg-LLC CR2E083 (10/03)

DOCUMENT # L03000009606

1. Entity Name
M. C. CABINETRY BY DAVID MCCREIGHT, LLC

Principal Place of Business	Mailing Address
820 S. COUNTY ROAD 427 #130 LONGWOOD, FL 32750 US	820 S. COUNTY ROAD 427 #130 LONGWOOD, FL 32750 US

2. Principal Place of Business	3. Mailing Address
1025 Miller Drive	1025 Miller Drive
Suite, Apt. #, etc.: #139A	Suite, Apt. #, etc.: #139A
City & State: Altamonte Springs, FL	City & State: Altamonte Springs, FL
Zip: 32701 Country: USA	Zip: 32701 Country: USA

4. FEI Number: 27-0052124 — Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCCREIGHT, ELIZABETH 1256 HIBISCUS LANE APOPKA, FL 32703	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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: Elizabeth McCreight — Elizabeth McCreight — 4-7-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR ☐ Delete	TITLE	MGR ☒ Change ☐ Addition
NAME	MCCREIGHT, DAVID	NAME	McCreight, David
STREET ADDRESS	820 S. COUNTY ROAD 427, #130	STREET ADDRESS	1025 Miller Drive, #139A
CITY-ST-ZIP	LONGWOOD, FL 32750	CITY-ST-ZIP	Altamonte Springs 32701
TITLE	MGRM ☐ Delete	TITLE	MGRM ☒ Change ☐ Addition
NAME	MCCREIGHT, ELIZABETH	NAME	McCreight, Elizabeth
STREET ADDRESS	820 S. COUNTY ROAD 427, #130	STREET ADDRESS	1025 Miller Drive, #139A
CITY-ST-ZIP	LONGWOOD, FL 32750	CITY-ST-ZIP	Altamonte Springs FL 32701
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: 4-14-04 407 331-6900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #