

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000043588

FILED  
Sep 08, 2009  
Secretary of State

**Entity Name:** HOLDEMAN CUSTOM CABINETS LLC

**Current Principal Place of Business:**

6188 TAYLOR ROAD  
111  
NAPLES, FL 34109 US

**New Principal Place of Business:**

6188 TAYLOR ROAD  
114  
NAPLES, FL 34109 US

**Current Mailing Address:**

190 12TH AVE. N.W.  
NAPLES, FL 34120 US

**New Mailing Address:**

FEI Number: 65-0520781      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

HOLDEMAN, BRIAN K  
190 12TH AVE. N.W.  
NAPLES, FL 34120 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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: HOLDEMAN, BRIAN K  
Address: 190 12TH AVE. N.W.  
City-St-Zip: NAPLES, FL 34120 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: BRIAN HOLDEMAN

MGR

09/08/2009

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