

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000050234

**FILED**  
**Mar 20, 2011**  
**Secretary of State**

**Entity Name:** G. ALEXANDER CABINETS L.L.C.

**Current Principal Place of Business:**

4145 WHIDDEN BLVD., UNIT 4  
CHARLOTTE HARBOR, FL 33980

**New Principal Place of Business:**

**Current Mailing Address:**

4145 WHIDDEN BLVD., UNIT 4  
CHARLOTTE HARBOR, FL 33980

**New Mailing Address:**

**FEI Number:** 51-0504825

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALEXANDER, GARY K  
18321 WOLBRETTE CIR.  
PORT CHARLOTTE, FL 33948 US

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

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  
**Name:** ALEXANDER, GARY K  
**Address:** 18321 WOLBRETTE CIR.  
**City-St-Zip:** PORT CHARLOTTE, FL 33948

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:** GARY K. ALEXANDER

MGR

03/20/2011

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