

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 07, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000051988

1. Entity Name

RS CABINETS & CUSTOM WOODWORK, LLC



Principal Place of Business

Mailing Address

8454 SPRINGHILL RD
TALLAHASSEE FL 32305

8454 SPRINGHILL RD
TALLAHASSEE FL 32305



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

8454 Springhill Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Tallahassee FL

City & State

4. FEI Number
20-0613974

Applied For
Not Applicable

Zip
32305

Country
USA

Zip

Country

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

BROOME, ANN
8454 SPRINGHILL RD
TALLAHASSEE FL 32305

Name

NA

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
BROOME, RAYMOND
8454 SPRINGHILL RD
TALLAHASSEE FL 32305 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
HUNTLEY, DAN
7751 COX RD
TALLAHASSEE FL 32305 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
02/15/07-80029-015 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
BROOME, ANN
8454 SPRINGHILL RD
TALLAHASSEE FL 32305 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Ann Broome, Agent

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

Date

2/15/07

Daytime Phone #

245-4355