2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 02, 2005 8:00 am
Secretary of State

04-25-2005 90098 004 ****50.00

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1st MOORE CR2E083 (10/04)

DOCUMENT # L03000052277

1. Entity Name

OSCEOLA CUSTOM CABINETS, LLC

Principal Place of Business	Mailing Address
4715 KISSIMMEE PARK ROAD ST. CLOUD FL 34772	4715 KISSIMMEE PARK ROAD ST. CLOUD FL 34772

2. Principal Place of Business		3. Mailing Address	
3387 CELENA CIR		3387 CELENA CIR.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. St. CLOUD FL	
City & State St. CLOUD FL		City & State	
Zip 34769	Country OSCEOLA	Zip 34769	Country OSCEOLA

4. FEI Number 20-0497663 ~~03-~~ [illegible] ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FOUST, KATHLEEN M
17 S. ORLANDO AVENUE
KISSIMMEE FL 34741

7. Name and Address of New Registered Agent

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 ____________________ DATE ________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SHROUDER, ARMAND C 4715 KISSIMMEE PARK ROAD ST. CLOUD FL 34772	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Armand C Shrouder 4-15-05 (407) 873-3210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #