

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90292 004 ****50.00

DOCUMENT # L03000052277

1. Entity Name

OSCEOLA CUSTOM CABINETS, LLC



Principal Place of Business

3387 CELENA CIR
SAINT CLOUD FL 34769

Mailing Address

3387 CELENA CIR
SAINT CLOUD FL 34769

2. Principal Place of Business

2223 EAGLES LANDING WAY

3. Mailing Address

2223 EAGLES LANDING WAY

Suite, Apt. #, etc.

~~KISSIMMEE~~

Suite, Apt. #, etc.

City & State

KISSIMMEE FL

City & State

KISSIMMEE FL

Zip

34744

Country

OSCEOLA

Zip

34744

Country

OSCEOLA

1st MOORE

CR2E083 (10/05)

4. FEI Number

20-0497663

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

Armand C Shrouder

ARMAND C SHROUDER

3-8-06

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State

Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS

TITLE MGRM
NAME SHROUDER, ARMAND C
STREET ADDRESS 4715 KISSIMMEE PARK ROAD
CITY-ST-ZIP ST. CLOUD FL 34772 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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

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

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

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 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:

Armand C Shrouder

ARMAND C SHROUDER

3-8-06

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

Date

Daytime Phone #