

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000052671

**FILED**  
**Feb 02, 2010**  
**Secretary of State**

**Entity Name:** CRISLIP CABINET INSTALLATION, LLC

**Current Principal Place of Business:**

1420 N.E.CHARDON ST.  
JENSEN BEACH, FL 34957 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 516  
JENSEN BEACH, FL 34958 US

**New Mailing Address:**

**FEI Number:** 28-6464517      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

HALVERSON, ROGER W CPA  
1055 SE OCEAN BLVD  
STUART, FL 34996 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: CRISLIP, GREGORY D  
Address: 1420 N.E. CHARDON ST  
City-St-Zip: JENSEN BEACH, FL 34957 US

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: GREGORY CRISLIP

MGR

02/02/2010

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