

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000053791

FILED
May 14, 2007
Secretary of State

Entity Name: MATTHEW NELSON'S CABINET INSTALLATION, LLC

Current Principal Place of Business:

4864 LAKESHORE DRIVE
ST. CLOUD, FL 34772

New Principal Place of Business:

4865 WREN DR.
ST. CLOUD, FL 34772

Current Mailing Address:

4864 LAKESHORE DRIVE
ST. CLOUD, FL 34772

New Mailing Address:

225 MISSISSIPPI AVE.
ST. CLOUD, FL 34769

FEI Number: 81-0613282 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FOUST, KATHLEEN M
17 S. ORLANDO AVENUE
KISSIMMEE, FL 34741 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: MGRM () Delete
Name: NELSON, MATTHEW
Address: 4864 LAKESHORE DRIVE
City-St-Zip: ST. CLOUD, FL 34772

Title: MEMB () Delete
Name: CURTIS, JASON
Address: 4865 WREN DR
City-St-Zip: ST. CLOUD, FL 34772

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: NELSON, MATTHEW
Address: 4865 WREN DR
City-St-Zip: ST. CLOUD, FL 34772

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: MATTHEW NELSON

MGRM

05/14/2007

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