

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90352 039 \*\*\*\*\*50.00

**DOCUMENT # L03000054537**

1. Entity Name

NORRIS CABINETRY LLC



Principal Place of Business

6208 MOOREFIELD LANE  
ZEPHYRHILLS FL 33542

Mailing Address

6208 MOOREFIELD LANE  
ZEPHYRHILLS FL 33542

2. Principal Place of Business

37413 Pickett's Mill Ave

Suite, Apt. #, etc.

3. Mailing Address

37413 Pickett's Mill Ave

Suite, Apt. #, etc.



MOORE

CR2E083 (11/03)

City & State

Zephyrhills FL

Zip  
33542

Country

City & State

Zephyrhills FL

Zip  
33542

Country

4. FEI Number

20-0508912

☒ Applied For  
☐ Not Applicable

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

Name

Norris Lee A

Street Address (P.O. Box Number is Not Acceptable)

37413 Pickett's Mill Ave

Zephyrhills

City

FL

Zip Code

33542

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
NORRIS, LEE A  
6208 MOOREFIELD LANE  
ZEPHYRHILLS FL 33542

TITLE  
NAME  
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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☒ Change ☐ Addition  
37413 Pickett's Mill Ave

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 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:

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

Date

Daytime Phone #

*Lee A. Norris*

4-5-04