

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 16, 2005 8:00 am**  
**Secretary of State**

03-16-2005 90293 027 \*\*\*\*55.00

**DOCUMENT # L03000056568**



1. Entity Name

**WALTER BENNETT'S CABINET INSTALLATION, LLC**

Principal Place of Business

**9107 CEDAR COVE ROAD  
DUNNELLON FL 34434**

Mailing Address

**9107 CEDAR COVE ROAD  
DUNNELLON FL 34434**

2. Principal Place of Business

Suite, Apt. #, etc.

*Same*

City & State

3. Mailing Address

Suite, Apt. #, etc.

*Same*

City & State

Zip

Country

Zip

Country

1st MOORE CR2E083-(10/04)

4. FEI Number

*39-3239725*

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**BENNETT, WALTER R  
9107 CEDAR COVE ROAD  
DUNNELLON FL 34434**

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

*Walter R. Bennett*

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

(NOTE: Registered Agent signature required when reinstating)

*2-09-05*

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BENNETT, WALTER R	
STREET ADDRESS	9107 CEDAR COVE ROAD	
CITY-ST-ZIP	DUNNELLON FL 34434	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Walter R. Bennett*

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

*2-09-05* *352812* *4955*

Date

Daytime Phone #