## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## Mar 12, 2007 8:00 am Secretary of State **ANNUAL REPORT (AR)** DOCUMENT # L03000056568 1. Entity Name 03-12-2007 90484 033 \*\*\*\*50.00 WALTER BENNETT'S CABINET INSTALLATION, LLC Principal Place of Business Mailing Address 910Z CEDAR COVE ROAD 9107 CEDAR COVE ROAD **DUNNELLON FL 34434 DUNNELLON FL 34434** Principal Place of Business - No P.O. Box # Trolis Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E083 (10/06) City & State Applied For City & State 4. FEI Number 59-3239725 Not Applicable Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BENNETT, WALTER B Street Address (P.O. Box Number is Not Acceptable) 9107 CEDAR COVE ROAD DUNNELLON FL 34434 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, typeg of printed name of registered agent and little if app (NOTE: Registered Agent signature required when remistating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE MGRM-☐ Delete THILE ☐ Change ■ Addition NAME BENNETT, WALTER R STREET ADDRESS. CACALINATE COVERDAD STREET ADDRESS CITY-ST-74P CITY-ST-ZIP ШŒ HILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-7/P ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP Defete TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutos. 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER. MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Daytime Phone #