2008 LIMITED LIABILITY COMPANY

FILED Mar 12, 2008 08:00 A ANNUAL REPORT **DOCUMENT # L03000056568** Secretary of State WALTER BENNETT'S CABINET INSTALLATION, LLC Principal Place of Business Mailing Address 203RD ST LANE P.O. BOX 409 INGLIS, FL 34449 INGLIS, FL. 34449 Brown and Charles and Charles and Charles 03102008 No Cha-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3239725 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent · 我们我们的自己的,我们是我们的。"第二次,他们们就会不够 BENNETT, WALTER R DO NOT WRITE 9107 CEDAR COVE ROAD DUNNELLON, FL 34434 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) U00000854678 FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 03/27/09-80017-014 198.75 8. MANAGING MEMBERS/MANAGERS MGRM TITLE BENNETT, WALTER R NAME Arrest Commence STREET ADDRESS P.O. BOX 409 agan di jira pelegan i wile da kewater dan kan katalanga tahun findiak i ina galatife. CITY-ST-ZIP INGLIS, FL 34449 TITLE reflectification resources), agin if for the algebraic supergenous facilities in the two NAME STREET ADORESS CITY-ST-ZIP TITLE NAME ्राह्म राज्य असे <u>नाम हाले. नाम हाले से स्थान के स्थान</u> के स्थान के स्थान के स्थान के स्थान के स्थान के स्थान के स STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. 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 hability company or the ecceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

NAME

TITLE

NAME

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

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का रामका किस्ते हैं है है। अने अने कि प्रमान के प्राप्त कर महिल्ला है।

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