

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000000610 1. Entity Name ANTHONY E. MULL CABINETRY, LLC	
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Principal Place of Business
**5687 DON MANUEL ROAD
ELKTON, FL 32033**

Mailing Address
**5687 DON MANUEL ROAD
ELKTON, FL 32033**



03272006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-1616301

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**MULL, ANTHONY E
5687 DON MANUEL ROAD
ELKTON, FL 32033**

**DO NOT WRITE
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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MULL, ANTHONY E
STREET ADDRESS	5687 DON MANUEL ROAD
CITY-ST-ZIP	ELKTON, FL 32033

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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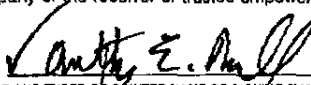
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000000548629
05/12/06-80072-006 \$5.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing 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 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, OR AUTHORIZED REPRESENTATIVE

DATE

Daytime Phone #

04-27-06