

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000002456

**FILED**  
**Feb 16, 2010**  
**Secretary of State**

**Entity Name:** GARMAN CABINETS, L.L.C.

**Current Principal Place of Business:**

5909 CAPITOL DRIVE  
GULF BREEZE, FL 32563 US

**New Principal Place of Business:**

**Current Mailing Address:**

5909 CAPITOL DRIVE  
GULF BREEZE, FL 32563 US

**New Mailing Address:**

**FEI Number:** 86-1096142      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GARMAN, WILLIAM SCOTT  
5909 CAPITOL DRIVE  
GULF BREEZE, FL 32563 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** GARMAN, WILLIAM SCOTT  
**Address:** 5909 CAPITAL DRIVE  
**City-St-Zip:** GULF BREEZE, FL 32563

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: WILLIAM SCOTT GARMAN      PRES      02/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date