

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000002617

Entity Name: ST CABINETRY LLC

**FILED**  
**May 01, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

2474 DRESDEN TRAIL  
APOPKA, FL 32712

**New Principal Place of Business:**

**Current Mailing Address:**

2474 DRESDEN TRAIL  
APOPKA, FL 32712

**New Mailing Address:**

FEI Number: 26-6476394      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

TUCKER, CINDY  
2474 DRESDEN TRAIL  
APOPKA, FL 32712      US

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

ALL FLORIDA FIRM, INC.  
465 S. VOLUSIA AVE.  
SUITE C  
ORANGE CITY, FL 32763      US

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: DEVIN NEWAMN ASST. SECRETARY

05/01/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: TUCKER, SHAWN  
Address: 2474 DRESDEN TRAIL  
City-St-Zip: APOPKA, FL 32712

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: SHAWN TUCKER

MGRM

05/01/2007

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