

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000010262

1. Entity Name

CABINET CREATIONS OF NAPLES, LLC



Principal Place of Business

764 94TH AVE NORTH
NAPLES FL 34108
US

Mailing Address

764 94TH AVE NORTH
NAPLES FL 34108
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/05)

4. FEI Number

54-2145293

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STYLES, STEPHEN J
764 94TH AVE NORTH
NAPLES FL 34108

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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

(NOTE: Registered Agent signature required when remaining)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME MGRM
STREET ADDRESS STYLES, STEPHEN J
CITY- ST- ZIP 764 94TH AVE NORTH
NAPLES FL 34108

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY- ST- ZIP

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03/07/06 00036 000 50.00
☐ Change ☐ Addition

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NAME
STREET ADDRESS
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 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 60B, Florida Statutes.

SIGNATURE:

Stephen J. Styles **Stephen J. Styles** 2-18-06 239-564-282