

## ANNUAL REPORT

DOCUMENT # L04000012473

1. Entity Name  
CABINETS OF DISTINCTION, LLCPrincipal Place of Business  
184 MARY LANE  
CRESTVIEW, FL 32536Mailing Address  
184 MARY LANE  
CRESTVIEW, FL 32536

DO NOT WRITE IN THIS SPACE



04262008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
61-1467637Applied For  
Not Applicable5. Certificate of Status Desired ☐\$5.00 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

FORS, RANDY B  
184 MARY LANE  
CRESTVIEW, FL 32536DO 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 reappointing)

DATE

FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75

## 9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	FORS, RANDY
STREET ADDRESS	184 MARY LANE
CITY-ST-ZIP	CRESTVIEW, FL 32536

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000943680  
05/29/08-80070-003 138.75DO 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

Date 4-29-08