

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000016129

1. Entity Name
INFINITE IDEAS CABINETRY, LLC



FILED

08 SEP 22 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
6146C 15TH ST. EAST
SUITE C
BRADENTON, FL 34203

Mailing Address
P.O. BOX 21206
BRADENTON, FL 34204

2. Principal Place of Business - No P.O. Box #

306 65TH AVE DR W

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05132008 Chg-LLC CR2E083 (12/06)

City & State

Bradenton F-L

City & State

4. FEI Number
37-1485372

Applied For

Not Applicable

Zip

Country

Zip

Country

34207

Manatee

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

WICKMAN & WYCKOFF, P.A.
4909 MANATEE AVE. WEST
BRADENTON, FL 34209

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$538.75
Due by September 12, 2008**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☒ Delete
NAME DENV, BONNIE S
STREET ADDRESS 6146C 15TH STREET EAST
CITY-ST-ZIP BRADENTON, FL 34203

TITLE ☐ Change ☐ Addition
NAME P KimHeng Teav
STREET ADDRESS 306 65TH AVE DR W
CITY-ST-ZIP Bradenton F-L 34207

TITLE P ☒ Delete
NAME TEAV, KIMHENG
STREET ADDRESS 6146 E 15TH STREET EAST
CITY-ST-ZIP BRADENTON, FL 34203

TITLE ☐ Change ☐ Addition
NAME 200136272682
STREET ADDRESS 09/23/08--01051--004 **543.75
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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: *KimHeng Teav*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

9/8/08

Date

941 5042133

Daytime Phone #