


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000017509</b> 1. Entity Name <b>KNOTS CABINETRY, LLC</b>	
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Principal Place of Business <b>6808 59TH STREET NORTH PINELLAS PARK, FL 33781 US</b>	Mailing Address <b>6808 59TH STREET NORTH PINELLAS PARK, FL 33781 US</b>
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03312006No Chg-LLC

CRZE083 (11/05)

4. FEI Number <b>20-0990452</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>SAMS, SUSAN M 6808 59TH STREET NORTH PINELLAS PARK, FL 33781</b>
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**DO 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. **(No change)**

SIGNATURE *Susan M. Sams* **4/3/06** DATE  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

**Filing Fee is \$50.00  
Due by May 1, 2006**

**U00000500176  
04/25/06-80012-013 50.00**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SAMS, ANTHONY 6808 59TH STREET NORTH PINELLAS PARK, FL 33781</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SAMS, SUSAN M 6808 59TH STREET NORTH PINELLAS PARK, FL 33781</b>
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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: *Susan Sams* **4/3/06** **(127)** **545-2112****  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone 6