


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 21, 2007 8:00 am**  
**Secretary of State**

02-21-2007 90102 001 \*\*\*\*50.00

<b>DOCUMENT # L04000020836</b>	
1. Entity Name <b>A.G.M. CABINETS LLC</b>	

Principal Place of Business <b>2896 DUSA DR 70 MELBOURNE FL 32934</b>	Mailing Address <b>2896 DUSA DR 70 MELBOURNE FL 32934</b>
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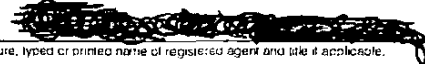
2. Principal Place of Business - No P.O. Box #	3. Mailing Address <b>2028 Stewart Rd</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>#25</b>
City & State	City & State <b>Melbourne, FL</b>
Zip	Zip <b>32935</b>
Country	Country



1st MOORE CR2E083 (10/06)

4. FEI Number <b>86-1101492</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent <b>MASSEY, ALVIN G 2028 STEWART ROAD #25 MELBOURNE FL 32935</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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  (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>MGRM MASSEY, ALVIN G 2028 STEWART RD #25 MELBOURNE FL 32935</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 608, Florida Statutes.

SIGNATURE:  **2-8-07 321-536-9067**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date