

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000023031

FILED
Aug 22, 2005
Secretary of State

Entity Name: BENNSONS CUSTOM CABINETS, LLC

Current Principal Place of Business:

902 FLORIDA AVENUE
LYNN HAVEN, FL 32444

New Principal Place of Business:

Current Mailing Address:

902 FLORIDA AVENUE
LYNN HAVEN, FL 32444

New Mailing Address:

FEI Number: 20-0910330 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BENJAMIN, AMON WEEKS
902 FLORIDA AVENUE
LYNN HAVEN, FLORIDA, FL 32444 US

Name and Address of New Registered Agent:

WEEKS, BENJAMIN A MGR
902 FLORIDA AVENUE
LYNN HAVEN, FL 32444 US

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.

SIGNATURE: BENJAMIN AMON WEEKS

08/22/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BENJAMIN, AMON WEEKS
Address: 902 FLORIDA AVE
City-St-Zip: LYNN HAVEN, FL 32444

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WEEKS, BENJAMIN A MGR
Address: 902 FLORIDA AVE
City-St-Zip: LYNN HAVEN, FL 32444 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BENJAMIN AMON WEEKS

MGR

08/22/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date