

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000023031

FILED  
Sep 03, 2006  
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:**

**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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

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

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 A. WEEKS

MRG

09/03/2006

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