

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000038921

FILED
Apr 30, 2009
Secretary of State

Entity Name: 21ST CENTURY CABINETS LC

Current Principal Place of Business:

1150 C. R. 222
WILDWOOD, FL 34785 US

New Principal Place of Business:

Current Mailing Address:

1150 C. R. 222
WILDWOOD, FL 34785 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAMOS, CHARLES G JR
1150 C. R. 222
WILDWOOD, FL 34785 US

Name and Address of New Registered Agent:

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: CHARLES G. RAMOS JR.
Address: 1150 C. R. 222
City-St-Zip: WILDWOOD, FL 34785 US

Title: MGR () Delete
Name: CHARLES G. RAMOS 3RD.
Address: 1150 C. R. 222
City-St-Zip: WILDWOOD, FL 34785 YS

Title: MGR () Delete
Name: ADAM S. RAMOS
Address: 1150 C. R. 222
City-St-Zip: WILDWOOD, FL 34785

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

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

Title: MGR () Change (X) Addition
Name: RAMOS, ALEX
Address: 1150 C R 222
City-St-Zip: WILDWOOD, FL 34785

I hereby certify that the information supplied with this filing does not qualify 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: CHARLES RAMOS

MGR

04/30/2009

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