


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90038 009 ***138.75

DOCUMENT # L04000059578

1. Entity Name
LA CUISINE CUSTOM CABINETRY, LLC



Principal Place of Business
**4419 GEORGIA AVENUE
 WEST PALM BEACH, FL 33405**

Mailing Address
~~3510 S. DIXIE HWY~~
WEST PALM BEACH, FL 33405

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2. Principal Place of Business - No P.O. Box #

3. Mailing Address
343 Monroe Drive

Suite, Apt. #, etc.

02192008 Chg-LLC CR2E083 (12/06)

City & State
West Palm Bch FL

4. FEI Number
20-1507831

Applied For
 Not Applicable

Zip
33405

Country

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**VARGAS, MARIA SUSANA
 12495 QUERCUS LANE
 WEST PALM BEACH, FL 33414-4111**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VARGAS, MARIA SUSANA 12495 QUERCUS LANE WEST PALM BEACH, FL 33414 <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 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: maria S. Vargas **2-18-08** 561 655 9550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #