

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000062729

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** CHRISTOPHER'S CABINETWORKS, LLC

**Current Principal Place of Business:**

17300 N US HWY 41  
LUTZ, FL 33549 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1243  
LUTZ, FL 33548 US

**New Mailing Address:**

**FEI Number:** 35-2237534

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOXIE, CHRISTOPHER B  
23341 ORLEANS PL.  
LAND O' LAKES, FL 34639 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: MGRM  
Name: HOXIE, CHRISTOPHER B  
Address: 23341 ORLEANS PL.  
City-St-Zip: LAND O' LAKES, FL 34639 US

I hereby 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: CHRISTOPHER HOXIE

MGRM

04/27/2011

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