

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000007630

**FILED**  
**Apr 08, 2008**  
**Secretary of State**

**Entity Name:** FURNIVAL CABINETRY, L.L.C.

**Current Principal Place of Business:**

966 N. COCOA BLVD.  
SUITE 6  
COCOA, FL 32922 US

**New Principal Place of Business:**

966 N. COCOA BLVD.  
SUITE 3  
COCOA, FL 32922 US

**Current Mailing Address:**

966 N. COCOA BLVD.  
SUITE 6  
COCOA, FL 32922 US

**New Mailing Address:**

966 N. COCOA BLVD.  
SUITE 3  
COCOA, FL 32922 US

**FEI Number:** 20-2218453

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FURNIVAL, RONALD E  
966 N. COCOA BLVD.  
SUITE 6  
COCOA, FL 32922 US

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

FURNIVAL, RONALD E  
966 N. COCOA BLVD.  
SUITE 3  
COCOA, FL 32922 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:**

04/08/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** FURNIVAL, RONALD E  
**Address:** 966 N. COCOA BLVD., SUITE 6  
**City-St-Zip:** COCOA, FL 32922 US

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** FURNIVAL, RONALD E  
**Address:** 966 N. COCOA BLVD., SUITE 3  
**City-St-Zip:** COCOA, FL 32922 US

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:** RONALD E. FURNIVAL

MRGR

04/08/2008

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