


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90256 040 ****55.00

DOCUMENT # L05000008115	
1. Entity Name APPLE CABINETS LLC	

Principal Place of Business 1000 GRANADA WAY WINTER HAVEN FL 33884	Mailing Address 1000 GRANADA WAY WINTER HAVEN FL 33884
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2. Principal Place of Business - No P.O. Box # 2900 - 9 EXECUTIVE RD.	3. Mailing Address 1000 GRANADA WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E083 (10/06)

City & State WINTER HAVEN, FL	City & State WINTER HAVEN, FL
Zip 33884	Country FL
Country FL	Zip 33884
Country FL	Country FL

4. FEI Number 20-2228268	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent HARDMAN, THOMAS COLEMAN 1000 GRANADA WAY WINTER HAVEN FL 33884	
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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HARDMAN, THOMAS COLEMAN 1000 GRANADA WAY WINTER HAVEN FL 33884 <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 Section 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:  **4/2/07** **863-324-5914**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #