


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2007 08:00 A
Secretary of State

DOCUMENT # L05000010691
 1. Entity Name
 BELARDINELLI CUSTOM CABINETS LLC



Principal Place of Business 4568 CATALINA LN BONITA SPRINGS, FL 34134	Mailing Address P O BOX 366695 BONITA SPRINGS, FL 34136
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DO NOT WRITE IN THIS SPACE



03232007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2539018	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BELARDINELLI, DELMONTE A
 4568 CATALINA LN
 BONITA SPRINGS, FL 34134

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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 _____

Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BELARDINELLI, DELMONTE A 4568 CATALINA LN BONITA SPRINGS, FL 34134
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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: Delmonte A Belardinelli 3-23-07
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #