

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000010691

**FILED**  
**Apr 22, 2010**  
**Secretary of State**

**Entity Name:** BELARDINELLI CUSTOM CABINETS LLC

**Current Principal Place of Business:**

4568 CATALINA LN  
BONITA SPRINGS, FL 34134

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 366695  
BONITA SPRINGS, FL 34136

**New Mailing Address:**

FEI Number: 20-2539018

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

BELARDINELLI, DELMONTE A  
4568 CATALINA LN  
BONITA SPRINGS, FL 34134 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: MGR  
Name: BELARDINELLI, DELMONTE A  
Address: 4568 CATALINA LN  
City-St-Zip: BONITA SPRINGS, FL 34134

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: DELMONTE A BELARDINELLI

MGR

04/22/2010

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