

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90010 004 ****55.00

DOCUMENT # L05000012377

1. Entity Name
GF CABINETS LLC



Principal Place of Business
722 SAVAGE CT
LONGWOOD, FL 32750

Mailing Address
P.O. BOX 162995
ALTAMONTE SPRINGS, FL 32716

20037841



2. Principal Place of Business

6160 Edgewater DR
Suite, Apt. #, etc.
STE C

3. Mailing Address

6160 Edgewater DR
Suite, Apt. #, etc.
Suite C

03042006 Chg-LLC CR2E083 (11/05)

City & State

ORLANDO FL

City & State

ORLANDO FL

4. FEI Number

810664472

Applied For

Not Applicable

Zip 32810

Country USA

Zip 32810

Country USA

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FIGEIROA, JOSE E
772 SAVAGE CT
LONGWOOD, FL 32750

7. Name and Address of New Registered Agent

Name

Jose E. Figueroa

Street Address (P.O. Box Number is Not Acceptable)

6160 Edgewater DR.

Suite C

City

ORLANDO

FL

Zip Code

32810

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

Jose E. Figueroa

JOSE E. FIGUEROA

4-24-06

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME FIGUEROA, JOSE E
STREET ADDRESS 722 SAVAGE CT
CITY-ST-ZIP LONGWOOD, FL 32750 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE Public Relations
NAME Rachel Figueroa
STREET ADDRESS 1024 CARDINAL CT.
CITY-ST-ZIP Altamonte Springs FL 32714 ☐ Change ☒ Addition

TITLE SECRETARY
NAME IRIS GUERRA
STREET ADDRESS 413 Ruth ST.
CITY-ST-ZIP Longwood FL 32779 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Jose E. Figueroa

JOSE E. FIGUEROA

4-24-2006 (407) 445-7500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #