

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000019693

**FILED**  
**Feb 18, 2009**  
**Secretary of State**

**Entity Name:** CLOSETS AND SHELVING, LLC

**Current Principal Place of Business:**

200 SE ST LUCIE BLVD  
208  
STUART, FL 34996

**New Principal Place of Business:**

1184 SE KIRK STREET  
STUART, FL 34997

**Current Mailing Address:**

200 SE ST LUCIE BLVD  
208  
STUART, FL 34996

**New Mailing Address:**

1184 SE KIRK STREET  
STUART, FL 34997

**FEI Number:** 26-3666716

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILSON, GREG  
200 SE ST LUCIE BLVD  
208  
STUART, FL 34996 US

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

WILSON, GREG  
1184 SE KIRK STREET  
STUART, FL 34997 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:

02/18/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: WILSON, GREG  
Address: 200 SE ST LUCIE BLVD #208  
City-St-Zip: STUART, FL 34996

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: WILSON, GREG  
Address: 1184 SE KIRK STREET  
City-St-Zip: STUART, FL 34997

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: GREGORY B. WILSON

MGR

02/18/2009

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