


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000023696 1. Entity Name WILLIAMS CABINETS & CONSTRUCTION, L.L.C.	
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Principal Place of Business 1659 HIGHWAY 73 SOUTH MARIANNA, FL 32448	Mailing Address 1659 HIGHWAY 73 SOUTH MARIANNA, FL 32448
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DO NOT WRITE IN THIS SPACE



04302008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-2658625	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent WILLIAMS, STEPHEN GLEN 1659 HIGHWAY 73 SOUTH MARIANNA, FL 32448
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DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000947891
06/02/08-80033-006 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAMS, STEPHEN GLEN 1659 HIGHWAY 73 SOUTH MARIANNA, FL 32448
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAMS, HERBERT H 2472 FILLMORE DRIVE MARIANNA, FL 32448
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAMS, MERLE H 4448 RIVERBEND ROAD MARIANNA, FL 32448
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:

Stephen Glen Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #