

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 01, 2007 08:00 A
Secretary of State

DOCUMENT # L05000039926

1. Entity Name
ARTISTRY IN CABINETS LLC



Principal Place of Business
**16201 STATE RD. 50
SUITE 305
CLERMONT, FL 34711 US**

Mailing Address
**16201 STATE RD. 50
SUITE 305
CLERMONT, FL 34711 US**



01092007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2728055

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**THOMAS, WARREN N
16201 STATE RD. 50
305
CLERMONT, FL 34711**

**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

2-27-07

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

11000000652553
03/12/07-80023-002 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THOMAS, WARREN N 16201 STATE RD. 50 SUITE 305 CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THOMAS, BRIAN J 16201 STATE RD. 50 SUITE 305 CLERMONT, FL 34711
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**DO NOT WRITE
IN THIS SPACE**

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:

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

Date

Daytime Phone #

2-27-07 (407) 877-6030