

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000051043

Entity Name: PLATINUM COAST CABINETRY, LLC

FILED  
Apr 18, 2007  
Secretary of State

**Current Principal Place of Business:**

6646 WILLOW PARK DR.  
NAPLES, FL 34109

**New Principal Place of Business:**

**Current Mailing Address:**

6646 WILLOW PARK DR.  
NAPLES, FL 34109

**New Mailing Address:**

FEI Number: 20-2890171

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PEEL, KELLY  
6646 WILLOW PARK DR.  
NAPLES, FL 34109 US

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

PEEL, KELLY C  
6646 WILLOW PARK DR.  
NAPLES, FL 34109 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: KELLY C PEEL

04/18/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: PEEL, MICHAEL  
Address: 1580 IXORA DR  
City-St-Zip: NAPLES, FL 34102 US

Title: MGR ( ) Delete  
Name: PEEL, STEPHEN  
Address: 2323 TARPON RD  
City-St-Zip: NAPLES, FL 34102 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: PEEL, MICHAEL J  
Address: 1580 IXORA DR  
City-St-Zip: NAPLES, FL 34102 US

Title: MGR (X) Change ( ) Addition  
Name: PEEL, STEPHEN L  
Address: 2323 TARPON RD  
City-St-Zip: NAPLES, FL 34102 US

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL J PEEL

MGR

04/18/2007

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