

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 21, 2008 8:00 am
Secretary of State

04-24-2008 90017 018 ***138.75

DOCUMENT # L05000059744 1. Entity Name NAPLES CUSTOM KITCHENS AND BATH, LLC	
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Principal Place of Business 1855 J & C BOULEVARD NAPLES, FL 34109	Mailing Address 1855 J & C BOULEVARD NAPLES, FL 34109
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30006968



03142008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3048360	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent WEICHEL, GEORGE S 1855 J & C BOULEVARD NAPLES, FL 34109
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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.

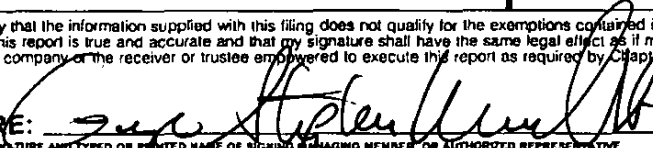
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM WEICHEL, GEORGE S 1855 J & C BLVD NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM ERVIN, JOHN P 1855 J & C BLVD NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM VERBARO, STEVEN 2004 PINE ISLE LANE NAPLES, FL 34112
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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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:  5/19/09
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #