2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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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

30006968

Principal Place of Business	Mailing Address
1855 J & C BOULEVARD NAPLES, FL 34109	1855 J & C BOULEVARD NAPLES, FL 34109

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

WEICHELT, GEORGE S
1855 J & C BOULEVARD
NAPLES, FL 34109

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	WEICHELT, GEORGE S
STREET ADDRESS	1855 J & C BLVD
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	MGRM
NAME	ERVIN, JOHN P
STREET ADDRESS	1855 J & C BLVD
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	MGRM
NAME	VERBARO, STEVEN
STREET ADDRESS	2004 PINE ISLE LANE
CITY-ST-ZIP	NAPLES, FL 34112
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: _____ 5/19/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #