

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000074503

FILED
Jan 06, 2009
Secretary of State

Entity Name: PHILLIP MAST CABINETRY, LLC

Current Principal Place of Business:

1931 W GULF TO LAKE HIGHWAY
LACANTO, FL 34461 US

New Principal Place of Business:

Current Mailing Address:

1931 W GULF TO LAKE HIGHWAY
LACANTO, FL 34461 US

New Mailing Address:

FEI Number: 16-1724709

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAST, PHILLIP R
1931 W GULF TO LAKE WHY
LECANTO, FL 34461 US

Name and Address of New Registered Agent:

ALLFLORIDA FIRM INC
813 DELTONA BLVD STE A
BOX1358888
DELTONA, FL 32725 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: MAST, PHILLIP

01/06/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MAST, PHILLIP
Address: 1931 W GULF TO LAKE HIGHWAY
City-St-Zip: LACANTO, FL 34461 US

Title: MGRM () Delete
Name: MAST, JEFF
Address: 69 SOUTH J KELLNER BLVD.
City-St-Zip: BEVERLY HILLS, FL 34465 US

Title: MGRM () Delete
Name: SANOR, MIKE
Address: 17325 E 5TH ST
City-St-Zip: BELOIT, OH 44609 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MAST, PHILLIP

P

01/06/2009

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