

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000086657

FILED
Feb 14, 2006
Secretary of State

Entity Name: CABINETS SOLUTION, LLC.

Current Principal Place of Business:

8203 WEST SAMPLE ROAD
20
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

8203 WEST SAMPLE ROAD
20
CORAL SPRINGS, FL 33065

New Mailing Address:

FEI Number: 20-3397981

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROJAS, ALBA
8203 WEST SAMPLE ROAD
20
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ROJAS, ALBA
Address: 8203 WEST SAMPLE ROAD, # 20
City-St-Zip: CORAL SPRINGS, FL 33065

Title: MGRM () Delete
Name: SAMAYOA, OLIVER
Address: 8203 WEST SAMPLE ROAD, # 20
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES:

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 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: ALBA ROJAS

MGRM

02/14/2006

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