

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000086657

Entity Name: CABINETS SOLUTION, LLC.

FILED  
Feb 23, 2007  
Secretary of State

## Current Principal Place of Business:

8203 WEST SAMPLE ROAD  
20  
CORAL SPRINGS, FL 33065

## Current Mailing Address:

8203 WEST SAMPLE ROAD  
20  
CORAL SPRINGS, FL 33065

## New Principal Place of Business:

8984 WEST SAMPLE RD  
105  
CORAL SPRINGS, FL 33065

## New Mailing Address:

8984 WEST SAMPLE RD  
105  
CORAL SPRINGS, FL 33065

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:

ROJAS, ALBA  
8984 WEST SAMPLE RD  
105  
CORAL SPRINGS, FL 33065 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:

02/23/2007

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: MGRM (X) Change ( ) Addition  
Name: ROJAS, ALBA  
Address: 8984 WEST SAMPLE RD #105  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: MGRM (X) Change ( ) Addition  
Name: SAMAYOA, OLIVER  
Address: 8984 WEST SAMPLE RD #105  
City-St-Zip: CORAL SPRINGS, FL 33065

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

02/23/2007

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