

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000086657

FILED
May 02, 2008
Secretary of State

Entity Name: CABINETS SOLUTION, LLC.

Current Principal Place of Business:

8984 WEST SAMPLE RD
105
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

8984 WEST SAMPLE RD
105
CORAL SPRINGS, FL 33065

New Mailing Address:

FEI Number: 20-3397981 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

Title: MGRM () Delete
Name: SAMAYOA, OLIVER
Address: 8984 WEST SAMPLE RD #105
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 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

05/02/2008

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