

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2008 8:00 am**  
**Secretary of State**

04-22-2008 90101 010 \*\*\*143.75

**DOCUMENT # L05000100592**

1. Entity Name  
**SOLID CONCEPT CABINET MAKERS L.L.C.**



Principal Place of Business  
**1565 GERANIUM AVE  
NORTH PORT, FL 34288**

Mailing Address  
**PO BOX 495311  
PORT CHARLOTTE, FL 33949**

**60026905**



01072008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**30-0292687**

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ **\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**ROLLER, MICHAEL SR  
1565 GERANIUM AVE  
NORTH PORT, FL 34288**

**DO NOT WRITE  
IN THIS SPACE**

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 *Michael F. Roller Sr.*  
Signature, typed or printed name of registered agent and title if applicable.

**MICHAEL F. ROLLER SR. OWNER** **4/6/08**  
(NOTE: Registered Agent signature required when reinstating) DATE

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
ROLLER, PAULA E  
1565 GERANIUM AVE  
NORTH PORT, FL 34288**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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: *Michael F. Roller Sr.* **MICHAEL F. ROLLER SR. OWNER**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**(941) 716-2444**  
**4/6/08**