

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 NOV -1 PM 1:09

DOCUMENT # L05000101305

1. Entity Name
CORNERSTONE CABINETRY LLC



Principal Place of Business
5210 CORONADO PKWY
#7
CAPE CORAL, FL 33904

Mailing Address
5210 CORONADO PKWY
#7
CAPE CORAL, FL 33904

2. Principal Place of Business - No P.O. Box #
1026 SE 18th Ave
Suite, Apt. #, etc.

3. Mailing Address
12617 Fountain Lake Circle
Suite, Apt. #, etc.

City & State
Cape Coral, FL
Zip
33990
Country
USA

City & State
Grandview, MO
Zip
64030
Country
USA

10152007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-3629067

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FINN, KEVIN
5210 CORONADO PKWY
#7
CAPE CORAL, FL 33904

7. Name and Address of New Registered Agent
Name
Finn, Kevin
Street Address (P.O. Box Number is Not Acceptable)
1026 SE 18th Ave
City
Cape Coral FL Zip Code
33990

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10-27-07

Filing Fee is \$50.00
Due by September 14, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
FINN, KEVIN
5210 CORONADO PKWY #7
CAPE CORAL, FL 33904 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
Finn, Kevin
1026 SE 18th Ave
Cape Coral, FL 33990 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
700111642 RT
11/02/07--01037--019 **50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

10-27-07 (239) 896-4585

Date

Daytime Phone #