2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000102725

1. Entity Name
BOGGY BAY CUSTOM CABINETS, LLC

Principal Place of Business	Mailing Address
1443 NW CONCORD CHURCH ROAD GREENVILLE, FL 32331	1443 NW CONCORD CHURCH ROAD GREENVILLE, FL 32331

DO NOT WRITE IN THIS SPACE

03012007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-3633895
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TAYLOR, JAMES D
1443 NW CONCORD CHURCH ROAD
GREENVILLE, FL 32331

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

000006681405
04/04/07-80041-020 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	TAYLOR, JAMES D
STREET ADDRESS	1443 NW CONCORD CHURCH ROAD
CITY-ST-ZIP	GREENVILLE, FL 32331
TITLE	MGRM
NAME	HALL, KENNETH D
STREET ADDRESS	P O BOX 165
CITY-ST-ZIP	PINETTA, FL 32350
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: James D Taylor 3/26/07 (850) 948-8403
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #