

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000111989

FILED
Jul 15, 2008
Secretary of State

Entity Name: CABINET CONNECTIONS, LLC

Current Principal Place of Business:

4122 N DAVIS HWY
PENSACOLA, FL 32503

New Principal Place of Business:

Current Mailing Address:

4122 N DAVIS HWY
PENSACOLA, FL 32503

New Mailing Address:

FEI Number: 20-3955514 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:

SHELL, STEPHEN B
226 PALAFOX PLACE
NINTH FLOOR
PENSACOLA, FL 32502 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: FRIDGE, ELDRIDGE R
Address: 4545 S. FR 145
City-St-Zip: SPRINGFIELD, MO 65810

Title: MGRM () Delete
Name: STANCER, HOWARD
Address: 1851 N. COMMERCE DRIVE
City-St-Zip: NIXA, MO 65714

Title: MGRM () Delete
Name: PARIS, DAVID
Address: 4562 S. FR 189
City-St-Zip: ROGERSVILLE, MO 65742

Title: MGRM () Delete
Name: DURHAM, DOUG
Address: 2878 WHISPER LAKE DRIVE
City-St-Zip: GULF BREEZE, FL 32563

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DOUG DURHAM

DD

07/15/2008

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