

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000114012

Entity Name: DEMOSS CABINETRY, LLC

FILED  
Mar 20, 2009  
Secretary of State

## Current Principal Place of Business:

3003 BROOKS STREET  
SUITE 1  
LAKELAND, FL 33803

## New Principal Place of Business:

## Current Mailing Address:

3003 BROOKS STREET  
SUITE 1  
LAKELAND, FL 33803

## New Mailing Address:

FEI Number: 20-4005031

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHARRETT, THOMAS C MR.  
3003 BROOKS STREET  
SUITE 1  
LAKELAND, FL 33803 US

## Name and Address of New Registered Agent:

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: MGR ( ) Delete  
Name: SHARRETT, THOMAS E MR.  
Address: 4617 GARY AVENUE  
City-St-Zip: LAKELAND, FL 33813

Title: MGR ( ) Delete  
Name: SHARRETT, DANIEL E MR.  
Address: 331 EASTON DRIVE  
City-St-Zip: LAKELAND, FL 33803

Title: MGRM ( ) Delete  
Name: SHARRETT, THOMAS C MR.  
Address: 1501 SHORE ACRES DRIVE  
City-St-Zip: LAKELAND, FL 33801

## 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:

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: THOMAS C SHARRETT

MGRM

03/20/2009

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