


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90021 029 ****50.00

DOCUMENT # L05000120185	
1. Entity Name HUANG'S CABINET SOLUTIONS LLC	

Principal Place of Business 2690 DREW STREET 611 CLEARWATER, FL 33764	Mailing Address 2690 DREW STREET 611 CLEARWATER, FL 33764
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2. Principal Place of Business - No P.O. Box # 16238 Carnoustie Drive	3. Mailing Address 16238 Carnoustie Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Odessa, FL	City & State Odessa FL
Zip 33556	Zip 33556
Country	Country



04202007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-4072047	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent LAW OFFICES OF HAN-RALSTON, PLLC 2202 N. WEST SHORE BLVD. 200 TAMPA, FL 33607	
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7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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	(NOTE: Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUANG, QI GUANG 2690 DREW STREET, #611 CLEARWATER, FL 33764 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Huang Qi Guang 16238 Carnoustie Drive Odessa FL 33556 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Qi Guang Huang	Date 4/20 07	Daytime Phone # 727-643-2786
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		