2008 LIMITED LIABILITY SOMPANY ANNUAL REPORT

DOCUMENT # L05000120401

1. Entity Name

HASSEL'S CABINETS, LLC



FILED Apr 14, 2008 08:00 All Secretary of State

Principal Place of Business

1730 NE 23RD TERRACE

SUITE A

OCALA, FL 34470

Mailing Address

P.O. BOX 591

INTERLACHEN, FL 32148



DO NOT WRITE IN THIS SPACE

01162008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 65-1263876

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MELTON, HASSEL L 1730 NE 23RD TERRACE SUITE A OCALA, FL 34470 DO NOT WRITE IN THIS SPACE

 The above named entity submits this sta the obligations of registered agent. 	tement for the purpose of changing its	registered office or registered agent, or both, in	n the State of Florida. I am familiar with, and accept
•		•	

SIGNATURE.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MELTON, HASSEL L 1730 NE 23RD TERRACE, STE. A OCALA, FL 34470
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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:

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

4-9-08

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