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FILED
Jun 14, 2007 8:00 am
Secretary of State
04-24-2007 90106 013 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000027751

1. Entity Name
THOMAS COLEMAN CABINET INSTALLER LLC

30010792

Principal Place of Business	Mailing Address
13137 SANTEE ST. #1 SPRING HILL, FL 34608 (Change of Address)	13137 SANTEE ST. #1 SPRING HILL, FL 34608

03132007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
10337 Usher St.	10337 Usher st.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Spring Hill, FL	City & State: Spring Hill, FL.
Zip: 34608 Country: U.S.A	Zip: 34608 Country: USA.

4. FEI Number: 76-0821271 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COLEMAN, THOMAS P
13137 SANTEE ST.
SPRING HILL, FL 34608

Coleman Thomas P
10337 - Usher St.
Spring Hill, Fl. 34608

7. Name and Address of New Registered Agent

Name: Coleman Thomas P
Street Address (P.O. Box Number is Not Acceptable): 10337 - Usher St.
City: Spring Hill FL Zip Code: 34608

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: Thomas P Coleman 4/16/07
Signature, typed or printed name of registered agent and title if applicable. (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 MGR NAME Thomas P Coleman STREET ADDRESS 10337- Usher St. CITY-ST-ZIP Spring Hill, Fl. 34608 ☐ Delete	TITLE NAME Thomas Coleman Manager STREET ADDRESS 5077 Baldock Ave CITY-ST-ZIP Spring hill 34608 ☐ Change ☐ Addition
TITLE NAME Thomas Coleman Manager STREET ADDRESS 5077 Baldock Ave CITY-ST-ZIP SP hill 34608 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME Thomas Coleman Sole Propriator STREET ADDRESS 5077 Baldock Ave CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME Thomas Coleman manager STREET ADDRESS 5077 Baldock Ave CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME Thomas Coleman manager STREET ADDRESS 5077 Baldock Ave CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME Thomas Coleman manager STREET ADDRESS 5077 Baldock Ave CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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: Thomas P Coleman 4/16/07 (352) 232-1142
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT

30010792

#L06000027751

6/7/06

To Who it may
Concern,

I have moved again to
a new Address

Thomas Coleman Cabinet Installer LLC
5077- Baldock ave.
Spring Hill, Fl. 34608

(Home Phone) (352) 688-4210

(cell work) (352) 232-1142

We Apoligize for The inconvenience
Thank you for your Attention.

Thomas Coleman