

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000047270

Entity Name: CABINETS ETC LLC

FILED  
Jan 19, 2008  
Secretary of State

**Current Principal Place of Business:**

6501 WILLIAMS RD  
TALLAHASSEE, FL 32311

**New Principal Place of Business:**

**Current Mailing Address:**

6501 WILLIAMS RD  
TALLAHASSEE, FL 32311

**New Mailing Address:**

FEI Number: 42-1703904

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

SMITH, RICHARD  
6501 WILLIAMS RD  
TALLAHASSEE, FL 32311 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: SMITH, RICHARD  
Address: 6501 WILLIAMS RD  
City-St-Zip: TALLAHASSEE, FL 32311

Title: MGRM ( ) Delete  
Name: SMITH, GEORGE  
Address: 5205 VILLAGE WAY  
City-St-Zip: TALLAHASSEE, FL 32303

Title: MGRM ( ) Delete  
Name: SMITH, JEREMY  
Address: 9832 KENAI DR.  
City-St-Zip: TALLAHASSEE, FL 32311

**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: RICHARD SMITH

MGR

01/19/2008

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