2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 13, 2008
Secretary of State

DOCUMENT# L06000050568

Entity Name: CABINET FACTORY OUTLET OF FLORIDA, LLC

Current Principal Place of Business:

1020 SAVAGE CT.
LONGWOOD, FL 32750

New Principal Place of Business:

285 NATIONAL PL
137
LONGWOOD, FL 32750

Current Mailing Address:

1020 SAVAGE CT.
LONGWOOD, FL 32750

New Mailing Address:

285 NATIONAL PL
137
LONGWOOD, FL 32750

FEI Number: 20-1895981 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCALISTER, KIRK L
1249 BENT OAK TR
ALTAMONTE SPRINGS, FL 32714 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: MCALISTER, KIRK L
Address: 1249 BENT OAK TR
City-St-Zip: LONGWOOD, FL 32714

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: VP (X) Change ( ) Addition
Name: MCALISTER, KIRK L
Address: 1249 BENT OAK TR
City-St-Zip: LONGWOOD, FL 32714

Title: PRES ( ) Change (X) Addition
Name: FULLER, MARK
Address: 1106 DORIS AVENUE
City-St-Zip: TAVARES, FL 32778

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: MARK FULLER PRES 06/13/2008

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