

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000050568

FILED
Apr 15, 2009
Secretary of State

Entity Name: CABINET FACTORY OUTLET OF FLORIDA, LLC

Current Principal Place of Business:

285 NATIONAL PL
137
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

285 NATIONAL PL
137
LONGWOOD, FL 32750

New Mailing Address:

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

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

ADDITIONS/CHANGES:

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: KIRK L. MCALISTER

VP

04/15/2009

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