

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 24, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L06000051830

1. Entity Name  
**CUSTOM CABINETS PLUS LLC**



Principal Place of Business  
**1568 OLD DAYTONA CIRCLE  
DELAND, FL 32724**

Mailing Address  
**1568 OLD DAYTONA CIRCLE  
DELAND, FL 32724**

**DO NOT WRITE IN THIS SPACE**



01142008No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
**59-3361496**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**BLOCZYNSKI, ROBERT L  
816 LAKE DRIVE  
DELAND, FL 32724**

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE: **MGRM**  
NAME: **BLOCZYNSKI, STEVEN R**  
STREET ADDRESS: **470 SUNSHINE CT.**  
CITY-ST-ZIP: **DELAND, FL 32724**

TITLE:  
NAME:  
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CITY-ST-ZIP:

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CITY-ST-ZIP:

U00000795198  
01/28/08-80038-005 143.75

**DO NOT WRITE  
IN THIS SPACE**

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:

**STEVEN R. BLOCZYNSKI**  
*Steven R. Bloczynski*

**1-20-2008**

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

Date

Daytime Phone #