

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90198 049 ****50.00

DOCUMENT # L06000052808

1. Entity Name

ARTISTIC GLASS CABINETS LLC



Principal Place of Business

605 SEDGEWOOD CT
W MELBOURNE FL 32904

Mailing Address

605 SEDGEWOOD CT
W MELBOURNE FL 32904

2. Principal Place of Business - No P.O. Box #

605 Sedgewood dr

Suite, Apt. #, etc.

3. Mailing Address

605 Sedgewood CR

Suite, Apt. #, etc.

City & State

W. Melbourne

City & State

Florida

Zip

32904

Country

USA

Zip

32904

Country

USA

4. FEI Number

74-3175993

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/06)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

BAMFORD, THERESE
605 SEDGEWOOD CT
W MELBOURNE FL 32904

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

Therese Bamford

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

(NOTE: Registered Agent signature required when reinstating)

April 26, 2007

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
BAMFORD, THERESE
605 SEDGEWOOD CT
W MELBOURNE FL 32904 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

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CITY- ST- ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Therese Bamford

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

April 26, 2007

Date

Daytime Phone *