

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 30, 2008 08:00 AM
Secretary of State**

DOCUMENT # L06000055001

1. Entity Name
WOOD KING CABINET, LLC



Principal Place of Business
650 INDUSTRIAL WAY, SUITE C-D
BOYNTON BEACH, FL 33426

Mailing Address
650 INDUSTRIAL WAY, SUITE C-D
BOYNTON BEACH, FL 33426



01082008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4956114

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

TANG, KIT WAI
650 INDUSTRIAL WAY, SUITE C-D
BOYNTON BEACH, FL 33426

**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 reinstating)

DATE _____

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

U00000936158
05/23/08-80099-023 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
TANG, KIT WAI
650 INDUSTRIAL WAY, SUITE C-D
BOYNTON BEACH, FL 33426

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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 606, Florida Statutes.

SIGNATURE: X

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

Date

Daytime Phone #

4-28-08 561-383-2911