

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000060449

FILED
Sep 23, 2008
Secretary of State

Entity Name: DEERING CUSTOM CABINETS, LLC

Current Principal Place of Business:

8320 LILLIAN HWY.
PENSACOLA, FL 32506 US

New Principal Place of Business:

Current Mailing Address:

8320 LILLIAN HWY.
PENSACOLA, FL 32506 US

New Mailing Address:

FEI Number: 20-5036329 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DEERING, DANIEL
8320 LILLIAN HWY.
PENSACOLA, FL 32506 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: DEERING, DANIEL
Address: 813 FLEMING WAY
City-St-Zip: PENSACOLA, FL 32514 US

Title: MGRM () Delete
Name: MARTIN, JEFF
Address: 8320 LILLIAN HIGHWAY
City-St-Zip: PENSACOLA, FL 32506 US

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: DEERING, DANIEL
Address: 6232 FOXCHASE COURT
City-St-Zip: MILTON, FL 32583 US

Title: V.PR (X) Change () Addition
Name: MARTIN, JEFF
Address: 8320 LILLIAN HIGHWAY
City-St-Zip: PENSACOLA, FL 32506 US

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: DANIEL DEERING

PRES

09/23/2008

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