


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

| | |
|--|---|
| DOCUMENT # L06000067965 1. Entity Name MAB CABINET INSTALLATION, LLC |  |
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|--|---|
| Principal Place of Business 6342 CR 136A LIVE OAK, FL 32060 US | Mailing Address 1018 NE OMAR TERRACE LAKE CITY, FL 32055 US |
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DO NOT WRITE IN THIS SPACE



04192008 No Chg-LLC

CR2E083 (12/07)

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| 4. FEI Number 20-5169646 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

**BRINKLEY, MICHAEL A
1018 NE OMAR TERRACE
LAKE CITY, FL 32055**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

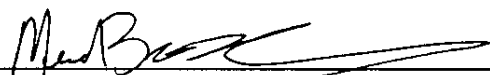
U000000936234
05/27/08-80002-013 138.75

9. MANAGING MEMBERS/MANAGERS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BRINKLEY, MICHAEL A 1018 NE OMAR TERRACE LAKE CITY, FL 32055 |
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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 608, Florida Statutes.

SIGNATURE:  **4-23-08 386-364-2888**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #