

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000067965

FILED
Apr 22, 2009
Secretary of State

Entity Name: MAB CABINET INSTALLATION, LLC

Current Principal Place of Business:

6342 CR 136A
LIVE OAK, FL 32060 US

New Principal Place of Business:

1018 NE OMAR TERRACE
LAKE CITY, FL 32055 US

Current Mailing Address:

1018 NE OMAR TERRACE
LAKE CITY, FL 32055 US

New Mailing Address:

FEI Number: 20-5169646 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BRINKLEY, MICHAEL A
1018 NE OMAR TERRACE
LAKE CITY, FL 32055 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: MGRM () Delete
Name: BRINKLEY, MICHAEL A
Address: 1018 NE OMAR TERRACE
City-St-Zip: LAKE CITY, FL 32055 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BRINKLEY, MICHAEL A
Address: 1018 NE OMAR TERRACE
City-St-Zip: LAKE CITY, FL 32055

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: MICHAEL A. BRINKLEY

MGRM

04/22/2009

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