

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000082173

FILED
Sep 04, 2007
Secretary of State

Entity Name: ULTIMATE CUSTOM CLOSETS, LLC

Current Principal Place of Business:

58 ANNAPOLIS LANE
CAPE HAZE, FL 33947 US

New Principal Place of Business:

Current Mailing Address:

58 ANNAPOLIS LANE
CAPE HAZE, FL 33947 US

New Mailing Address:

FEI Number: 20-5406483 **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:

Name and Address of New Registered Agent:

BURCH, KENNETH
58 ANNAPOLIS LANE
CAPE HAZE, FL 33947 US

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: BURCH, KENNETH
Address: 58 ANNAPOLIS LANE
City-St-Zip: CAPE HAZE, FL 33947 US

Title: MGRM () Delete
Name: BURCH, ORVIS
Address: 58 ANNAPOLIS LANE
City-St-Zip: CAPE HAZE, FL 33947 US

Title: MGRM () Delete
Name: DAMICO, SAM
Address: 7432 BROOKHAVEN TR
City-St-Zip: ENGLEWOOD, FL 34224 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: KENNETH L BURCH

MGRM

09/04/2007

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