

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000088422

FILED
Oct 08, 2007
Secretary of State

Entity Name: SG CABINETS INSTALLERS LLC

Current Principal Place of Business:

16801 WILD CAT DRIVE
FORT MYERS, FL 33913

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1525
LEHIGH ACRES, FL 33970

New Mailing Address:

FEI Number: 20-5526169 **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:

CORDON, SENELMA
16801 WILD CAT DRIVE
FORT MYERS, FL 33913 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: JOSE MONAGAS

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CORDON, HENRY
Address: 16801 WILD CAT DRIVE
City-St-Zip: FORT MYERS, FL 33913

Title: MGRM () Delete
Name: CORDON, SENELMA
Address: 16801 WILD CAT DRIVE
City-St-Zip: FORT MYERS, FL 33913

Title: MGR () Delete
Name: SERRANO, CANDIDO D
Address: 16801 WILD CAT DRIVE
City-St-Zip: FORT MYERS, FL 33913

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: SENELMA CORDON

OWN

10/08/2007

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