

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000004727

FILED
Apr 30, 2008
Secretary of State

Entity Name: FIRST CHOICE CABINETS INSTALLATION, LLC

Current Principal Place of Business:

14491 MOUNT IVY RD
WEEKI WACHEE, FL 34614 US

New Principal Place of Business:

Current Mailing Address:

14491 MOUNT IVY RD
WEEKI WACHEE, FL 34614 US

New Mailing Address:

E GULF TO LAKE HWY
INVERNESS, FL 34453 US

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GRAVES, MICHAEL
14491 MOUNT IVY RD
WEEKI WACHEE, FL 34614 US

Name and Address of New Registered Agent:

ELDREDGE, ROBERT J
3580 E GULF TO LAKE HWY
INVERNESS, FL 34453 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: ROBERT J ELDREDGE 04/30/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GRAVES, MICHAEL
Address: 14491 MOUNT IVY RD
City-St-Zip: WEEKI WACHEE, FL 34614 US

ADDITIONS/CHANGES:

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: MICHAEL GRAVES MM 04/30/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date