

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000005303

**FILED**  
**Feb 22, 2010**  
**Secretary of State**

**Entity Name:** 1ST SOURCE CABINETS, LLC

**Current Principal Place of Business:**

1314 LAVANHAM CT  
APOPKA, FL 32712

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 916394  
LONGWOOD, FL 327916394

**New Mailing Address:**

**FEI Number:** 03-0613166

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCINTYRE ZAGER, SUSAN  
1314 LAVANHAM CT  
APOPKA, FL 32712 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: MGR  
Name: ZAGER, STANLEY W  
Address: 1314 LAVANHAM CT  
City-St-Zip: APOPKA, FL 32712

I hereby 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: STANLEY W ZAGER

MGR

02/22/2010

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