

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000019091

Entity Name: PAGE'S CABINETS, L.L.C.

FILED
Apr 16, 2009
Secretary of State

Current Principal Place of Business:

455 S PINE ISLAND RD
305
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

455 S PINE ISLAND RD
305
PLANTATION, FL 33324

New Mailing Address:

FEI Number: 74-3217485

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEREZ, BELKYS
455 S PINE ISLAND RD
305
PLANTATION, FL 33324 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: GONZALEZ, GODOFREDO
Address: 455 S PINE ISLAND RD, APT. 305
City-St-Zip: PLANTATION, FL 33324

Title: MGR () Delete
Name: PEREZ, BELKYS
Address: 455 S PINE ISLAND RD, APT. 305
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES:

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: GODOFREDO GONZALEZ

MGRM

04/16/2009

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