

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

08 MAR 27 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03272008 Chg-LLC CR2E083 (12/06)

4. FEI Number ~~XXXXXXXXXX~~ **36-4610141** Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

DOCUMENT # L07000039332 1. Entity Name CABINETS BY LEMAY LLC			
Principal Place of Business 1409 PAUL THOMPSON RD. MONTICELLO, FL 32344		Mailing Address 1409 PAUL THOMPSON RD. MONTICELLO, FL 32344	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent NELSON, LENORA MAY 1409 PAUL THOMPSON RD. MONTICELLO, FL 32344		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 800121456473		
NAME	NELSON, LENORA MAY			NAME	03/27/08--01035--012 **138.75		
STREET ADDRESS	1409 PAUL THOMPSON RD.			STREET ADDRESS			
CITY-ST-ZIP	MONTICELLO, FL 32344			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Lenora M Nelson March 27, 08 850 325-6572

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #