

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000044984

FILED
May 04, 2010
Secretary of State

Entity Name: CORNERSTONE CUSTOM INTERIORS, LLC

Current Principal Place of Business:

119 WILDFLOWER LN
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

Current Mailing Address:

119 WILDFLOWER LN
CRAWFORDVILLE, FL 32327

New Mailing Address:

FEI Number: 30-0417486 **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:

KILBOURN, SAMANTHA
119 WILDFLOWER LN
CRAWFORDVILLE, FL 32327 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: KILBOURN, SAMANTHA
Address: 119 WILDFLOWER LN
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: MGRM
Name: KILBOURN, GEORGE
Address: 119 WILDFLOWER LN
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: MGRM
Name: TUCKER, TIMOTHY
Address: 130 CARMEN ROCIO
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: MGRM
Name: TUCKER, ANGELA N
Address: 130 CARMEN ROCIO
City-St-Zip: CRAWFORDVILLE, FL 32327

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: SAMANTHA KILBOURN

MGRM

05/04/2010

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