

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000065481

**FILED**  
**Jun 20, 2008**  
**Secretary of State**

**Entity Name:** SOUTHERN CABINET INSTALLATIONS, LLC

**Current Principal Place of Business:**

410 7TH STREET  
DUNDEE, FL 33838 US

**New Principal Place of Business:**

3824 CANAL RD  
LAKE WALES, FL 33898 US

**Current Mailing Address:**

410 7TH STREET  
DUNDEE, FL 33838 US

**New Mailing Address:**

P O BOX 844  
DUNDEE, FL 33838 US

**FEI Number:** 26-0401906 **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:**

PROFESSIONAL TAX CONSULTANTS INC  
112 AVENUE E, SW  
WINTER HAVEN, FL 33880 US

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

HAMM, GEREMI E  
3824 CANAL RD  
LAKE WALES, FL 33898 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: GEREMI E HAMM

06/20/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HAMM, GEREMI E  
Address: 410 7TH STREET  
City-St-Zip: DUNDEE, FL 33838 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: HAMM, GEREMI E  
Address: 3824 CANAL RD  
City-St-Zip: LAKE WALES, FL 33898 US

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: GEREMI E HAMM

MGMR

06/20/2008

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