

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000069899

FILED  
Aug 09, 2008  
Secretary of State

**Entity Name:** CLOSETS 'N' CABINETS SOLUTIONS, LLC

**Current Principal Place of Business:**

2909 NW 99 TERRACE  
SUNRISE, FL 33322

**New Principal Place of Business:**

**Current Mailing Address:**

2909 NW 99 TERRACE  
SUNRISE, FL 33322

**New Mailing Address:**

FEI Number: 26-0518860      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

CST BUSINESS & FINANCIAL SERVICES  
10350 W. MCNAB RD.  
BLDG C, MCNABB BUSINESS PARK  
TAMARAC, FL 33321 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: MGR ( ) Delete  
Name: ROJAS, JESSICA  
Address: 2909 NW 99 TERRACE  
City-St-Zip: SUNRISE, FL 33322

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: GOMEZ, EDISON R  
Address: 2909 NW 99 TERRACE  
City-St-Zip: SUNRISE, FL 33322

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: EDISON R. GOMEZ

MGRM

08/09/2008

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