

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000070157

FILED
Jul 17, 2008
Secretary of State

Entity Name: CUSTOM KITCHENS BY S & R LLC

Current Principal Place of Business:

917 LONG LAKE DR
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

PO BOX 56451
JACKSONVILLE, FL 32241

New Mailing Address:

FEI Number: 75-3247499 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:

STROUPE, TIM W
917 LONG LAKE DRIVE
JACKSONVILLE, FL 32225 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 () Delete
Name: STROUPE, TIM W
Address: PO BOX 56451
City-St-Zip: JACKSONVILLE, FL 32241

Title: MGRM () Delete
Name: REYNOLDS, JAMES W
Address: PO BOX 56451
City-St-Zip: JACKSONVILLE, FL 32241

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: JAMES W REYNOLDS

VP

07/17/2008

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