

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000083347

FILED
Jan 14, 2008
Secretary of State

Entity Name: HEARTWOOD FINE CABINETRY AND MILLWORK, LLC

Current Principal Place of Business:

7340 NORTHWEST HWY 27 STE 115
OCALA, FL 34482

New Principal Place of Business:

Current Mailing Address:

7340 NORTHWEST HWY 27 STE 115
OCALA, FL 34482

New Mailing Address:

FEI Number: 26-0705704

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORTES, JOSE H JR ESQ
4 SE BROADWAY
OCALA, FL 34471 US

Name and Address of New Registered Agent:

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: DUFFY, JOHN P
Address: 7340 NORTHWEST HWY 27 STE 115
City-St-Zip: OCALA, FL 34482

Title: MGRM () Delete
Name: NEWTON, CHARLES E JR
Address: 41 LETCHWORTH AVE
City-St-Zip: N BILLERICA, MA 01862

Title: MGRM (X) Delete
Name: HINCKLEY, ROBERT G
Address: 553 HOLLY AVE
City-St-Zip: MANCHESTER, NH 03103

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOHN P. DUFFY

MNGR

01/14/2008

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