

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000098687

**FILED**  
**Jan 04, 2010**  
**Secretary of State**

**Entity Name:** ARTISAN CABINETRY & STONE LLC

**Current Principal Place of Business:**

6934 SONNY DALE DRIVE  
WEST MELBOURNE, FL 329042244 US

**New Principal Place of Business:**

**Current Mailing Address:**

6934 SONNY DALE DRIVE  
WEST MELBOURNE, FL 329042244 US

**New Mailing Address:**

**FEI Number:** 61-1540074

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BRUNN, FRANK  
407 EAST NEW HAVEN AVENUE  
MELBOURNE, FL 329014507 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  
**Name:** MONTEVECCHI, JAMES  
**Address:** 7106 HAMMOCK LAKES DRIVE  
**City-St-Zip:** MELBOURNE, FL 32940 US

**Title:** MGRM  
**Name:** HELFFRICH, DOUG  
**Address:** 270 PEAKE STREET NE  
**City-St-Zip:** PALM BAY, FL 329071227 US

**Title:** MGRM  
**Name:** JOYNER, ALLAN  
**Address:** 900 PENELOPE AVENUE NE  
**City-St-Zip:** PALM BAY, FL 329071356 US

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:** FRANK BRUNN

RA

01/04/2010

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