

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000098830

FILED
Dec 11, 2009
Secretary of State**Entity Name:** CROWN WOOD CABINETS, LLC**Current Principal Place of Business:**7815 WEST 20TH AVENUE
HIALEAH, FL 33014**New Principal Place of Business:****Current Mailing Address:**7815 WEST 20TH AVENUE
HIALEAH, FL 33014**New Mailing Address:****FEI Number:** 26-1155688**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**GONZALEZ, SAMUEL
7815 WEST 20TH AVENUE
HIALEAH, FL 33014 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: GONZALEZ, SAMUEL
Address: 7815 WEST 20TH AVENUE
City-St-Zip: HIALEAH, FL 33014**Title:** MGRM () Delete
Name: PENA, PEDRO A
Address: 7815 WEST 20TH AVENUE
City-St-Zip: HIALEAH, FL 33014**ADDITIONS/CHANGES:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** MGRM (X) Change () Addition
Name: PENA, ANTONIO
Address: 7815 WEST 20TH AVENUE
City-St-Zip: HIALEAH, FL 33014

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: SAMUEL GONZALEZ

MGRM

12/11/2009

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