

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000108246

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Entity Name:** OCEANSIDE CABINETS 1, LLC

**Current Principal Place of Business:**

2840 KIRBY CIR., N.E., UNIT 1  
PALM BAY, FL 32905

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 518  
FELLSMERE, FL 32948

**New Mailing Address:**

2840 KIRBY CIR., N.E., UNIT 1  
PALM BAY, FL 32905

**FEI Number:** 26-1303073

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MICHALAK, KATHLEEN S  
449 VANGUARD ST. SE  
PALM BAY, FL 32909 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:** MGR  
**Name:** MICHALAK, KATHLEEN S  
**Address:** 449 VANGUARD ST. SE  
**City-St-Zip:** PALM BAY, FL 32909

**Title:** MGRM  
**Name:** MICHALAK, JAN G  
**Address:** 449 VANGUARD ST. SE  
**City-St-Zip:** PALM BAY, FL 32909

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:** KATHLEEN S MICHALAK

MGR

04/20/2011

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