

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000123421

FILED
Feb 12, 2008
Secretary of State

Entity Name: ECOVERDE CABINET SOLUTIONS, LLC

Current Principal Place of Business:

BILLY CREEK COMMERCE CENTER
5844 ENTERPRISE PARKWAY
FORT MYERS, FL 33905

New Principal Place of Business:

Current Mailing Address:

BILLY CREEK COMMERCE CENTER
5844 ENTERPRISE PARKWAY
FORT MYERS, FL 33905

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FARMER, AARON A P.L.
720 FIFTH AVENUE SOUTH, SUITE 211
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

AARON A. FARMER, P.L.
720 FIFTH AVENUE SOUTH, SUITE 211
NAPLES, FL 34102 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: AARON A. FARMER

02/12/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WOODS, SUSANNA
Address: 5844 ENTERPRISE PARKWAY
City-St-Zip: FORT MYERS, FL 33905

Title: MGR (X) Delete
Name: HENDERSON, FRANKLIN
Address: 5844 ENTERPRISE PARKWAY
City-St-Zip: FORT MYERS, FL 33905

Title: MGR (X) Delete
Name: SMOOT, ROBERT
Address: 5844 ENTERPRISE PARKWAY
City-St-Zip: FORT MYERS, FL 33905

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ECOVERDE MANAGEMENT,, INC.
Address: 5844 ENTERPRISE PARKWAY
City-St-Zip: FORT MYERS, FL 33905

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: FRANKLIN HENDERSON

P

02/12/2008

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