

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000016180

**FILED**  
**Apr 08, 2009**  
**Secretary of State**

**Entity Name:** MIAMI CABINET DISTRIBUTORS LLC

**Current Principal Place of Business:**

3190 NW 77 CT  
MIAMI, FL 33122

**New Principal Place of Business:**

891 SW 69TH AVENUE  
MIAMI, FL 33144

**Current Mailing Address:**

3190 NW 77 CT  
MIAMI, FL 33122

**New Mailing Address:**

891 SW 69TH AVENUE  
MIAMI, FL 33144

FEI Number: 26-1854706

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SIMPSON, RUBEN  
3190 NW 77 CT  
MIAMI, FL 33122 US

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

SIMPSON, RUBEN  
891 SW 69TH AVENUE  
MIAMI, FL 33144 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: \_\_\_\_\_

04/08/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SIMPSON, RUBEN  
Address: 3190 NW 77 CT  
City-St-Zip: MIAMI, FL 33122

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: SIMPSON, RUBEN  
Address: 891 SW 69TH AVENUE  
City-St-Zip: MIAMI, FL 33144

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: RUBEN SIMPSON

MNGR

04/08/2009

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