

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000016180

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Entity Name:** MIAMI CABINET DISTRIBUTORS LLC

**Current Principal Place of Business:**

891 SW 69TH AVENUE  
MIAMI, FL 33144

**New Principal Place of Business:**

3435 NW 79 AVE  
DORAL, FL 33122 US

**Current Mailing Address:**

891 SW 69TH AVENUE  
MIAMI, FL 33144

**New Mailing Address:**

3435 NW 79 AVE  
DORAL, FL 33122 US

**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  
891 SW 69TH AVENUE  
MIAMI, FL 33144 US

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

SIMPSON, RUBEN  
3435 NW 79 AVE  
DORAL, FL 33122 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: RUBEN SIMPSON

04/25/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: SIMPSON, RUBEN  
Address: 3435 NW 79 AVE  
City-St-Zip: DORAL, FL 33122 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: RUBEN SIMPSON

MGR

04/25/2011

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