## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L08000051349

Entity Name: ANDREW HARKNESS CABINETRY & COUNTERTOPS, LLC

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

**New Principal Place of Business: Current Principal Place of Business:** 

27848 FORESTER DRIVE BONITA SPRINGS, FL 34134

**Current Mailing Address: New Mailing Address:** 

US

27848 FORESTER DRIVE BONITA SPRINGS, FL 34134 US

FEI Number: 26-2778570 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

SHAPIRO, MARC L 720 GOODLETTE RD., N. SUITE 304 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:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

MGRM Title: () Delete (X) Change ( ) Addition HARKNESS, ANDREW HARKNESS, ANDREW MR Name: Name: Address: 27848 FORESTER DRIVE Address: 27848 FORESTER DRIVE City-St-Zip: BONITA SPRINGS, FL 34134 US City-St-Zip: BONITA SPRINGS, FL 34134 US

(X) Change ( ) Addition Title: MGRM () Delete Title: MGRM

Name: NGUYEN, MAI Name: NGUYEN, MAI K MRS Address: 27848 FORESTER DRIVE Address: 27848 FORESTER DRIVE City-St-Zip: NAPLES, FL 34134 US City-St-Zip: BONITA SPRINGS, FL 34134 US

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: ANDREW HARKNESS **MGRM** 04/08/2009