

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000079536

Entity Name: VALUE LINE CABINET, LLC

FILED
Jan 12, 2009
Secretary of State

Current Principal Place of Business:

1505 CLERMONT DRIVE
201
NAPLES, FL 34109

Current Mailing Address:

1505 CLERMONT DRIVE
201
NAPLES, FL 34109

FEI Number: 80-0248056

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

New Principal Place of Business:

1505 CLERMONT DRIVE
201
NAPLES, FL 34109 US

New Mailing Address:

1505 CLERMONT DRIVE
201
NAPLES, FL 34109 US

Name and Address of Current Registered Agent:

RJ GENERAL HOLDING, LLC
802 BUTTONBUSH LANE
NAPLES, FL 34108 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: MGRM () Delete
Name: RJ GENERAL HOLDING,, LLC
Address: 802 BUTTONBUSH LANE
City-St-Zip: NAPLES, FL 34109

Title: MGRM () Delete
Name: WHITT, STEPHEN M
Address: 4854-11 LONGHILL ROAD
City-St-Zip: WILLIAMSBURG, VA 23188

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: RJ GENERAL HOLDING,, LLC
Address: 802 BUTTONBUSH LANE
City-St-Zip: NAPLES, FL 34108 US

Title: MGRM (X) Change () Addition
Name: WHITT, STEPHEN M
Address: 4854-11 LONGHILL ROAD
City-St-Zip: WILLIAMSBURG, VA 23188 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: ROBERT L. HARTSOCK

MGRM

01/12/2009

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