

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000015442

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Entity Name:** INTEGRAL WOOD CUSTOM CABINETRY, LLC

**Current Principal Place of Business:**

1070 NW 1ST AVE SUITE A-D  
BOCA RATON, FL 33432

**New Principal Place of Business:**

1070 NW 1ST AVE  
SUITES A-D  
BOCA RATON, FL 33432

**Current Mailing Address:**

1070 NW 1ST AVE SUITE A-D  
BOCA RATON, FL 33432

**New Mailing Address:**

1070 NW 1ST AVE  
SUITES A-D  
BOCA RATON, FL 33432

**FEI Number:** 90-0445361

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BARNI, BEATRIZ  
4563 SUGAR PINE DRIVE  
BOCA RATON, FL 33487 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: MGR  
Name: BARNI, PAOLO R  
Address: 4563 SUGAR PINE DRIVE  
City-St-Zip: BOCA RATON, FL 33487

Title: MGR  
Name: BARNI, ENZO  
Address: 4563 SUGAR PINE DRIVE  
City-St-Zip: BOCA RATON, FL 33487

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: ENZO BARNI

MGR

01/05/2011

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