

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000046947

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Entity Name:** ARTISTIC DESIGNS & CABINETRY INSTALLATION, LLC

**Current Principal Place of Business:**

4325 MARSH LANDING BLVD.  
#733  
JACKSONVILLE BEACH, FL 32250

**New Principal Place of Business:**

13300 ATLANTIC BLVD  
#1513  
JACKSONVILLE, FL 32225

**Current Mailing Address:**

4325 MARSH LANDING BLVD.  
#733  
JACKSONVILLE BEACH, FL 32250

**New Mailing Address:**

13300 ATLANTIC BLVD  
#1513  
JACKSONVILLE, FL 32225

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired (X)**

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

MOORE, WAYNE  
4325 MARSH LANDING BLVD.  
#733  
JACKSONVILLE BEACH, FL 32250 US

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

MOORE, WAYNE  
13300 ATLANTIC BLVD  
#1513  
JACKSONVILLE, FL 32225 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: WAYNE MOORE

04/29/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: MOORE, WAYNE  
Address: 13300 ATLANTIC BLVD #1513  
City-St-Zip: JACKSONVILLE, FL 32225

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: WAYNE MOORE

MGR

04/29/2010

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