

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000047036

**FILED**  
**Apr 23, 2010**  
**Secretary of State**

**Entity Name:** CLASSIC CONCEPTS CUSTOM KITCHENS & CABINETRY, LLC

**Current Principal Place of Business:**

5030 WEST SR 46, STE 1012  
SANFORD, FL 32713

**New Principal Place of Business:**

**Current Mailing Address:**

5030 WEST SR 46, STE 1012  
SANFORD, FL 32713

**New Mailing Address:**

**FEI Number:** 27-0189865

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HOGAN, CARLA N  
313 JACOBS TRAIL  
CHULUOTA, FL 32766 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  
**Name:** HOGAN, GREGORY K  
**Address:** 313 JACOBS TRAIL  
**City-St-Zip:** CHULUOTA, FL 32766

**Title:** MGRM  
**Name:** SCRIBNER, CRYSTAL  
**Address:** 437 QUAIL MEADOW COURT  
**City-St-Zip:** DEBARY, FL 32713

**Title:** MGR  
**Name:** HOGAN, CARLA N  
**Address:** 313 JACOBS TRAIL  
**City-St-Zip:** CHULUOTA, FL 32766

**Title:** MGR  
**Name:** SCRIBNER, KYLE P  
**Address:** 437 QUAIL MEADOW COURT  
**City-St-Zip:** DEBARY, FL 32713

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:** CARLA N. HOGAN

MGR

04/23/2010

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