2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2012
Secretary of State

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Entity Name: CLASSIC CONCEPTS CUSTOM KITCHENS & CABINETRY, LLC

Current Principal Place of Business:

5030 WEST SR 46, STE 1012
SANFORD, FL 32771

New Principal Place of Business:

313 JACOBS TRAIL
CHULUOTA, FL 32766

Current Mailing Address:

5030 WEST SR 46, STE 1012
SANFORD, FL 32771

New Mailing Address:

313 JACOBS TRAIL
CHULUOTA, FL 32766

FEI Number: 27-0189865 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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 Statues.

SIGNATURE: CARLA N. HOGAN MGR 04/23/2012

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