

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000015464

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** CENTRAL FLORIDA CUSTOM CABINETWORKS, LLC

**Current Principal Place of Business:**

2830 FORSYTH RD  
STE 434  
WINTER PARK, FL 32792

**New Principal Place of Business:**

2830 FORSYTH RD  
STE 430  
WINTER PARK, FL 32792

**Current Mailing Address:**

11461 BROWN QUAIL CT  
ORLANDO, FL 32817

**New Mailing Address:**

**FEI Number:** 27-1871832      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

COVATTA, STEPHANIE T  
11461 BROWN QUAIL CT  
ORLANDO, FL 32817      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:** CEO  
**Name:** COVATTA, STEPHANIE T  
**Address:** 11461 BROWN QUAIL CT  
**City-St-Zip:** ORLANDO, FL 32817

**Title:** MGR  
**Name:** COVATTA, BRIAN P  
**Address:** 11461 BROWN QUAIL CT  
**City-St-Zip:** ORLANDO, FL 32817

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: STEPHANIE T COVATTA

CEO

04/30/2012

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