

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 03, 2006 08:00 AM
Secretary of State

DOCUMENT # M05000006787

1. Entity Name
ARTISTIC CABINETRY, LLC



Principal Place of Business
**3422 HIGHWAY 98, SUITE #2
SANTA ROSA BEACH, FL 32459**

Mailing Address
**3422 HIGHWAY 98, SUITE #2
SANTA ROSA BEACH, FL 32459**



02162006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3406093

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FICHTER, SANDRA L
3422 HIGHWAY 98, SUITE #2
SANTA ROSA BEACH, FL 32459**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
FICHTER, SANDRA L
3661 TEAYS VALLEY ROAD
HURRICANE, WV 25526**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ROWE, JEANNIE
1233 DEERWOOD DRIVE
MIRAMAR BEACH, FL 32550**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HATFIELD, EDWARD
1233 DEERWOOD DRIVE
MIRAMAR BEACH, FL 32550**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000455030
03/15/06-80038-021 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3-1-06

Date

850-622-3802

Daytime Phone #