3709 S 7 STRE				
Current Mai	ling Address:			
5707 SPRU FT. PIERCE	CE DR. , FL 34982 US			
FEI Number: 46-1740391 Certificate o			Certificate of Status De	sired: No
Name and A	Address of Current Registered Agent:			
SMITH, ROBER 2903 INDUSTR FORT PIERCE				
2903 INDUSTR FORT PIERCE	IAL AVE TWO	tered office or regis	tered agent, or both, in the State of F	lorida.
2903 INDUSTR FORT PIERCE The above name	IAL AVE TWO , FL, FL 34946 US	tered office or regis	tered agent, or both, in the State of F	ilorida. 05/01/2019
2903 INDUSTR FORT PIERCE The above name	IAL AVE TWO , FL, FL 34946 US d entity submits this statement for the purpose of changing its regis	tered office or regis	tered agent, or both, in the State of F	
2903 INDUSTR FORT PIERCE The above name SIGNATURE	IAL AVE TWO , FL, FL 34946 US d entity submits this statement for the purpose of changing its regis E: <u>ROBERT SMITH</u>	tered office or regis	tered agent, or both, in the State of F	05/01/2019
2903 INDUSTR FORT PIERCE The above name SIGNATURE	IAL AVE TWO , FL, FL 34946 US d entity submits this statement for the purpose of changing its regis E: ROBERT SMITH Electronic Signature of Registered Agent	tered office or regis	tered agent, or both, in the State of F	05/01/2019
2903 INDUSTR FORT PIERCE The above name SIGNATURE Officer/Dire	IAL AVE TWO , FL, FL 34946 US d entity submits this statement for the purpose of changing its regis E: ROBERT SMITH Electronic Signature of Registered Agent ctor Detail :			05/01/2019
2903 INDUSTR FORT PIERCE The above name SIGNATURE Officer/Dire Title	IAL AVE TWO , FL, FL 34946 US d entity submits this statement for the purpose of changing its regis E: ROBERT SMITH Electronic Signature of Registered Agent Ctor Detail : P	Title	VP	05/01/2019

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL LUDOVICO

Electronic Signature of Signing Officer/Director Detail

OWNER

05/01/2019

Date

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000003278

Entity Name: LUDOVICO'S CABINETS AND INTERIORS, INC.

Current Principal Place of Business:

FILED May 01, 2019 Secretary of State 3733002867CC