

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000016180

Entity Name: MIAMI CABINET DISTRIBUTORS LLC

Current Principal Place of Business:

3251 SW 16 LN
MIAMI, FL 33145

Current Mailing Address:

3251 SW 16 LN
MIAMI, FL 33145 US

FEI Number: 26-1854706

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SIMPSON, RUBEN
3251 SW 16 LN
MIAMI, FL 33145 US

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

Authorized Person(s) Detail :

Title MGR
Name SIMPSON, RUBEN
Address 3251 SW 16 LN
City-State-Zip: MIAMI FL 33145

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RUBEN SIMPSON

MGR

04/21/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date