

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000080481

**FILED**  
**Jan 14, 2014**  
**Secretary of State**  
**CC0635237981**

**Entity Name:** HOUVOURAS CABINETRY, LLC

**Current Principal Place of Business:**

1254 PINE SAGE CIRCLE  
WEST PALM BEACH, FL 33409

**Current Mailing Address:**

1254 PINE SAGE CIRCLE  
WEST PALM BEACH, FL 33409

**FEI Number: 30-0632943**

**Certificate of Status Desired: No**

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

HOUVOURAS, JONATHAN  
1254 PINE SAGE CIRCLE  
WEST PALM BEACH, FL 33409 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 AUTHORIZED MEMBER  
Name HOUVOURAS, JONATHAN  
Address 1254 PINE SAGE CIRCLE  
City-State-Zip: WEST PALM BEACH FL 33409

Title MANAGER  
Name LOVE, TERRY E  
Address 1254 PINE SAGE CIRCLE  
City-State-Zip: WEST PALM BEACH FL 33409

Title MANAGER  
Name MORGAN, TRACY L JR.  
Address 1771 WEST 13TH STREET  
City-State-Zip: RIVIERA BEACH FL 33404

*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: JONATHAN HOUVOURAS**

**AUTHORIZED MEMBER**

**01/14/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date