

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000136501

**Entity Name:** S & O CABINET INSTALLATION, L.L.C.

**Current Principal Place of Business:**

196 HIDDEN SPRINGS CIRCLE  
KISSIMMEE, FL 34743

**Current Mailing Address:**

196 HIDDEN SPRINGS CIRCLE  
KISSIMMEE, FL 34743

**FEI Number: 45-4012444**

**Certificate of Status Desired: Yes**

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

WILLABUS, SHELLY  
196 HIDDEN SPRINGS CIRCLE  
KISSIMMEE, FL 34743 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 MGRM  
Name WILLABUS, OLIVER C  
Address 196 HIDDEN SPRINGS CIRCLE  
City-State-Zip: KISSIMMEE FL 34743

Title MGRM  
Name WILLABUS, SHELLY  
Address 196 HIDDEN SPRINGS CIRCLE  
City-State-Zip: KISSIMMEE FL 34743

*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: OLIVER WILLABUS**

**OWNER**

**01/30/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date