

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000157948

**Entity Name:** POSH CABINETS, LLC

**Current Principal Place of Business:**

50 NE DIXIE HWY  
A-2  
STUART, FL 34994

**Current Mailing Address:**

50 NE DIXIE HWY  
A-2  
STUART, FL 34994 US

**FEI Number:** 82-2320671

**Certificate of Status Desired:** No

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

APP, SCOTT R  
50 NE DIXIE HWY  
A-2  
STUART, FL 34994 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            AMBR  
Name            APP, SCOTT R  
Address        9640 PARKVIEW AVE  
City-State-Zip: BOCA RATON FL 33428

*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:** SCOTT APP

AMBR

03/22/2019

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date