

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000172387

**Entity Name:** MEBEL CABINETS LLC

**Current Principal Place of Business:**

1800 N POWERLINE RD  
# A1  
POMPANO BEACH, FL 33069

**Current Mailing Address:**

1800 N POWERLINE RD  
# A1  
POMPANO BEACH, FL 33069

**FEI Number:** 83-1254377

**Certificate of Status Desired:** No

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

HADALA, KRZYSZTOF  
1800 N POWERLINE RD  
# A1  
POMPANO BEACH, FL 33069 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            HADALA, KRZYSZTOF  
Address        1800 N POWERLINE RD STE# A1  
City-State-Zip:    POMPANO BEACH FL 33069

*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:** KRZYSZTOF HADALA

AMBR

04/23/2024

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

\_\_\_\_\_  
Date