**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Apr 18, 2021**
**Secretary of State**
**0962926059CC**

DOCUMENT# L18000176431

**Entity Name:** JOHNSON CABINETRY & MILLWORK INSTALLATION LLC

**Current Principal Place of Business:**

1560 CAPITAL CIRCLE NW
SUITE 18
TALLAHASSEE, FL 32303

**Current Mailing Address:**

1560 CAPITAL CIRCLE NW
SUITE 18
TALLAHASSEE, FL 32303 US

**FEI Number: 83-1311733**

**Certificate of Status Desired:** Yes

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

JOHNSON, ANTHONY
3612 HARWELL PLACE
TALLAHASSEE, FL 32303 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: ANTHONY JOHNSON 04/18/2021

Electronic Signature of Registered Agent — Date

**Authorized Person(s) Detail :**

| | | | |
|---|---|---|---|
| Title | AMBR | Title | PRESIDENT |
| Name | JOHNSON, SHETIVA | Name | JOHNSON, ANTHONY |
| Address | 3612 HARWELL PLACE | Address | 3612 HARWELL PLACE |
| City-State-Zip: | TALLAHASSEE FL 32303 | City-State-Zip: | TALLAHASSEE FL 32303 |

*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: ANTHONY JOHNSON OWNER 04/18/2021

Electronic Signature of Signing Authorized Person(s) Detail — Date