

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000204915

Entity Name: MY CABINET DEPOT LLC

Current Principal Place of Business:

14385 TAMIAMI TRAIL STE B
NORTH PORT, FL 34287

Current Mailing Address:

14385 TAMIAMI TRAIL STE B
NORTH PORT, FL 34287 US

FEI Number: 82-2159114

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ADAM, WILSON
227 ORTIZ BLVD
NORTH PORT, FL 34287 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	AP	Title	AP
Name	WILSON, ADAM	Name	WILSON, JACQUELYN
Address	227 ORTIZ BLVD	Address	227 ORTIZ BLVD
City-State-Zip:	NORTH PORT FL 34287	City-State-Zip:	NORTH PORT FL 34287

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: ADAM WILSON

PRESIDENT

04/24/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date