

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000022234

Entity Name: CABINET RENEW LLC

Current Principal Place of Business:

1629 W UNIVERSITY PKWY
SARASOTA, FL 34243

Current Mailing Address:

1629 W UNIVERSITY PKWY
SARASOTA, FL 34243 US

FEI Number: 84-4733616

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

POTE, MICHAEL J JR
4869 MONTEVISTA DR
SARASOTA, FL 34231 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	Title	AMBR
Name	POTE, MICHAEL J. JR.	Name	FALLS, KEVIN M.
Address	4869 MONTEVISTA DR	Address	4869 MONTEVISTA DR.
City-State-Zip:	SARASOTA FL 34231	City-State-Zip:	SARASOTA FL 34231

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: KEVIN FALLS

AMBR

04/14/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date