

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000181004

**Entity Name:** KILLIANS CABINETS LLC

**Current Principal Place of Business:**

5264 BEACHVIEW DR  
SPRINGHILL, FL 34606

**Current Mailing Address:**

5264 BEACHVIEW DR  
SPRINGHILL, FL 34606 US

**FEI Number:** 85-1803336

**Certificate of Status Desired:** Yes

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

CASTELL, NORMAN J  
5264 BEACHVIEW DR  
SPRINGHILL, FL 34606 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            PRESIDENT  
Name            CASTELL, NORMAN  
Address        5264 BEACHVIEW DR  
City-State-Zip: SPRINGHILL FL 34606

*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:** NORMAN CASTELL

PRESIDENT

03/17/2021

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

\_\_\_\_\_ Date