

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000362752

**Entity Name:** M&A CABINET INSTALLATIONS L.L.C

**Current Principal Place of Business:**

58 SAPPHIRE LANE  
LEESBURG, FL 34748

**Current Mailing Address:**

58 SAPPHIRE LANE  
LEESBURG, FL 34748 UN

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

PETERS, MATTHEW P  
58 SAPPHIRE LANE  
LEESBURG, FL 34748 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           | MGR               | Title           | MGR               |
| Name            | PETERS, MATTHEW P | Name            | FRAZEE, ANGELA N  |
| Address         | 58 SAPPHIRE LANE  | Address         | 58 SAPPHIRE LANE  |
| City-State-Zip: | LEESBURG FL 34748 | City-State-Zip: | LEESBURG FL 34748 |

*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:** MATTHEW PETERS

**MANAGER**

**04/11/2023**

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

\_\_\_\_\_  
Date