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: JOSEPH WILLIAMS

Electronic Signature of Signing Authorized Person(s) Detail

AMBR

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

#### Authorized Person(s) Detail :

Title	AMBR	Title	AMBR
Name	WILLIAMS, JOSEPH	Name	WILLIAMS, MARILYN
Address	18865 SR 54 #184	Address	18865 SR 54
City-State-Zip:	LUTZ FL 33558	City-State-Zip:	LUTZ FL 33558

## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L23000255505

Entity Name: CUSTOM HOME CLOSETS AND CABINETS LLC

#### **Current Principal Place of Business:**

9827 N US HIGHWAY 301 WILDWOOD, FL 34785

#### **Current Mailing Address:**

18865 SR 54 #184 LUTZ. FL 33558 US

#### FEI Number: APPLIED FOR

### Name and Address of Current Registered Agent:

WILLIAMS, JOSEPH 18865 SR 54 #184 LUTZ, FL 33558 US Certificate of Status Desired: No

03/19/2024 Date

Date