

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L24000386792

Entity Name: CABINET ASSEMBLY AND INSTALLATION, LLC

Current Principal Place of Business:

3193 JULIA TERR
NORTH PORT, FL 34286

Current Mailing Address:

3193 JULIA TERR
NORTH PORT, FL 34286 US

FEI Number: 33-2184189

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MACLACHLAN, FRANK
3193 JULIA TERR
NORTH PORT, FL 34286 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
Name MACLACHLAN, FRANK
Address 3193 JULIA TERR
City-State-Zip: NORTH PORT FL 34286

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: FRANK MACLACHLAN

MGR

04/28/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date