

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000229773

**Entity Name:** CENTRALE CABINETS LLC

**Current Principal Place of Business:**

66 WEST FLAGLER STREET  
SUITE 900,  
MIAMI, FL 33130

**Current Mailing Address:**

303 E WOOLBRIGHT RD.  
STE. 251  
BOYNTON BEACH, FL 33435 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

SPIEGEL & UTRERA, P.A.  
1840 SOUTHWEST 22ND STREET, 4TH FLOOR,  
MIAMI, FL 33145 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  
Name INTEGRATED VISION GROUP, LLC  
Address 303 E WOOLBRIGHT ROAD  
SUITE 251  
City-State-Zip: BOYNTON BEACH FL 33435

*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:** INTERGRATED VISION GROUP, LLC

MGR

03/20/2023

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

\_\_\_\_\_ Date