

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000089556

FILED
Jun 26, 2009
Secretary of State

Entity Name: SMALL KITCHEN...TACOS & MORE LLC

Current Principal Place of Business:

304 E HINSON AVE
HAINES CITY, FL 33844

New Principal Place of Business:

Current Mailing Address:

330 GROUPER DR
POINCIANA, FL 34759

New Mailing Address:

1160 AQUA LANE
CLERMONT, FL 34711

FEI Number: 26-3637049 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

RAMIREZ, RAUL C
1160 AQUA LANE
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: RAMIREZ, JUAN C
Address: 330 GROUPER DR
City-St-Zip: POINCIANA, FL 34759

Title: MGRM () Delete
Name: RAMIREZ, RAUL C
Address: 1160 AQUA LANE
City-St-Zip: CLERMONT, FL 34711

Title: MGRM (X) Delete
Name: MEDINA, ANNIE L
Address: 330 GROUPER DR
City-St-Zip: POINCIANA, FL 34759

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: RAUL C RAMIREZ

MGRM

06/26/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date