2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2009
Secretary of State

DOCUMENT# L08000030153

Entity Name: QUIKBATH & KITCHEN, LLC

Current Principal Place of Business:

2857 SEBASTIAN LANE
MELBOURNE, FL 32935

New Principal Place of Business:

2330 N. WICKHAM RD #11
MELBOURNE, FL 32935

Current Mailing Address:

2857 SEBASTIAN LANE
MELBOURNE, FL 32935

New Mailing Address:

2330 N. WICKHAM RD #11
MELBOURNE, FL 32935

FEI Number: 11-3839021 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARLING, STEPHEN D
522 ALDEN BRIDGE DRIVE
CARY, NC, FL 27519 US

Name and Address of New Registered Agent:

ARLING, STEPHEN D
760 NICKLAUS DR
MELBOURNE, FL 27519 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: 01/22/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: ARLING, STEPHEN D
Address: 522 ALDEN BRIDGE DRIVE
City-St-Zip: CARY, NC 27519

Title: MGRM ( ) Delete
Name: ARLING, RYAN
Address: 2857 SEBASTIAN LANE
City-St-Zip: MELBOURNE, FL 32935

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: ARLING, STEPHEN D
Address: 760 NICKLAUS DR
City-St-Zip: MELBOURNE, FL 32940

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: RYAN ARLING MGRM 01/22/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date