oath; that I am a managing member or manager of the limited liability company or the that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CYNTHIA ROGALSKI

Electronic Signature of Signing Authorized Person(s) Detail

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000157450

Entity Name: THE ARTISAN'S KITCHEN, LLC

Current Principal Place of Business:

1830 LONGWOOD LAKE MARY ROAD 1000 LONGWOOD, FL 32746

Current Mailing Address:

1830 LONGWOOD LAKE MARY ROAD 1000 LONGWOOD, FL 32750 US

FEI Number: NOT APPLICABLE

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

ROGALSKI, CYNTHIA K 1830 LONGWOOD LAKE MARY ROAD 1000 LONGWODD, FL 32750 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:

Authorized Berson(s) Detail :

Authorized Person(s) Detail :			
Title	MGR	Title	MGR
Name	ROGALSKI, CYNTHIA K	Name	ROGALSKI, HENRY D
Address	1830 LONGWOOD LAKE MARY ROAD	Address	1830 LONGWOOD LAKE MARY ROAD
City-State-Zip:	LONGWOOD FL 32750	City-State-Zip:	LONGWOOD FL 32750

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

KI

MANAGERR

04/08/2019

Date

FILED Apr 08, 2019 Secretary of State 8812885373CC

Certificate of Status Desired: No

Date