

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90329 014 ****50.00

DOCUMENT # L00000010656

1. Entity Name
KITTYMFLORIDA, LLC



Principal Place of Business *Suite 201*
1001 East Atlantic Avenue
1100 LINTON BOULEVARD, SUITE C-4
DELRAY BEACH, FL ~~33444~~ **33483**

Mailing Address
1001 E. Atlantic Avenue, Suite 201
1100 LINTON BOULEVARD, SUITE C-4
DELRAY BEACH, FL ~~33444~~ **33483**



01072004 No Chg-LLC

CR2E083 (10/03)

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4. FEI Number
01-0581787

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME CRITCHFIELD, CHRISTINE M
STREET ADDRESS 746 MARBLE COURT
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE MGR
NAME CRITCHFIELD, RICHARD H
STREET ADDRESS 746 MARBLE COURT
CITY-ST-ZIP BOCA RATON, FL 33432

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CITY-ST-ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *Christine Critchfield*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

(561) 279-9900