

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000013385

Entity Name: KITCHENRITE LLC

FILED  
Mar 03, 2006  
Secretary of State

**Current Principal Place of Business:**

6222 TOWER LN  
STE A1  
SARASOTA, FL 34240

**New Principal Place of Business:**

**Current Mailing Address:**

6222 TOWER LN  
STE A1  
SARASOTA, FL 34240

**New Mailing Address:**

FEI Number: 65-1127032

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FORMICA, NICHOLAS P JR.  
3918 DAY BRIDGE PLACE  
ELLENTON, FL 34222 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: P ( ) Delete  
Name: FORMICA, NICHOLAS P  
Address: 3918 DAY BRIDGE PLACE  
City-St-Zip: ELLENTON, FL 34222

Title: P ( ) Delete  
Name: FORMICA, NICHOLAS P SR.  
Address: 382 LONDONDERRY DR.  
City-St-Zip: SARASOTA, FL 34240

Title: P ( ) Delete  
Name: FORMICA, MILDRED C  
Address: 382 LONDONDERRY DR  
City-St-Zip: SARASOTA, FL 34240

**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 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: NICHOLAS P FORMICA JR

MGR

03/03/2006

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