

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000013385

Entity Name: KITCHENRITE LLC

FILED
Apr 05, 2009
Secretary of State

Current Principal Place of Business:

6222 TOWER LANE, SUITE A1
SARASOTA, FL 34240 US

New Principal Place of Business:

Current Mailing Address:

6222 TOWER LANE, SUITE A1
SARASOTA, FL 34240 US

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 US

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

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

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: NICHOLAS FORMICA

MGR

04/05/2009

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