

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**

03-14-2002 90083 015 \*\*\*\*50.00

**DOCUMENT #** L01000022737

**1. Entity Name**

THE PLACE FOR KITCHENS, LLC

**DO NOT WRITE IN THIS SPACE**

80039567

**2. Principal Place of Business**

**3. Mailing Address**

3350NW Boca Raton Blvd 3350NW Boca Raton Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite B22

Suite B22

City & State

City & State

Boca Raton FL

Boca Raton FL

Zip  
33431

Country  
USA

Zip  
33480

Country  
USA

**4. FEI Number**

Applied For

010548872

Not Applicable

**5. Certificate of Status Desired** ☐

**\$5.00** Additional  
Fee Required

**7. Name and Address of Current Registered Agent**

Name

Barbara Geller

Street Address (P.O. Box Number is Not Acceptable)

3589 S Ocean Blvd #109

City  
Palm Beach

FL

Zip Code

33480

**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.**

**SIGNATURE**

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

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

**9. MANAGING MEMBERS / MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	managing member MGRM Barbara C Geller 3589 S. Ocean Blvd #109 Palm Beach FL 33480
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**DO NOT WRITE  
IN THIS SPACE**

**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:**



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/01)