

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000026051

Entity Name: KPTT DONUTS, LLC

FILED
May 01, 2008
Secretary of State

Current Principal Place of Business:

1142 SAXON BLVD
ORANGE CITY, FL 32763

New Principal Place of Business:

Current Mailing Address:

1142 SAXON BLVD
ORANGE CITY, FL 32763

New Mailing Address:

FEI Number: 16-1678415 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

KINSLEY, BRIAN P MGR
251 ALTAMONTE COMMERCE BLVD
SUITE 1420
ALTAMONTE SPRINGS, FL 32714 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: THOMPSON, D. MICHAEL
Address: 1684 CHERRY RIDGE DR
City-St-Zip: LAKEMARY, FL 32746

Title: MGR () Delete
Name: KINSLEY, BRIAN P
Address: 1642 TENNYSON CT
City-St-Zip: LAKEMARY, FL 32746

Title: MGR () Delete
Name: THOMPSON, STEPHEN E
Address: 296 CHISWELL PL
City-St-Zip: LAKEMARY, FL 32746

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: BRIAN KINSLEY

MNGR

05/01/2008

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