

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000032813

FILED  
Apr 16, 2007  
Secretary of State

Entity Name: KUIET KUT, LLC

**Current Principal Place of Business:**

C/O TOM TONNELIER  
2220 S.W. 146TH ST  
NEWBERRY, FL 32009

**New Principal Place of Business:**

**Current Mailing Address:**

C/O TOM TONNELIER  
2220 S.W. 146TH ST  
NEWBERRY, FL 32009

**New Mailing Address:**

C/O TOM TONNELIER  
14110 NW 21 LANE  
GAINESVILLE, FL 32606

FEI Number: 81-0632637

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TONNELIER, TOM  
2220 S.W. 146TH ST  
NEWBERRY, FL 32009 US

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

TONNELIER, TOM  
14110 NW 21 LANE  
GAINESVILLE, FL 32606 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:

04/16/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: TONNELIER, TOM H  
Address: 14110 N.W. 21ST LN  
City-St-Zip: GAINESVILLE, FL 32606

Title: MGRM ( ) Delete  
Name: TONNELIER, NANCY M  
Address: 14110 N.W. 21ST LN  
City-St-Zip: GAINESVILLE, FL 32606

**ADDITIONS/CHANGES:**

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: TOM H, TONNELIER

MGRM

04/16/2007

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