

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 21, 2006 8:00 am
Secretary of State

07-21-2006 90082 032 ****50.00

DOCUMENT # L03000050632

1. Entity Name
CLASSIC KITCHENS 1972, LLC



20049769



07032006 No Chg-LLC

CR2E083 (11/05)

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4. FEI Number
59-2714196

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTIN, DAVID A
1615 SUE DRIVE
COCOA, FL 32922

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$50.00
Due by September 6, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MARTIN, DAVID A
STREET ADDRESS	1615 SUE DRIVE
CITY-ST-ZIP	COCOA, FL 32922
TITLE	MGRM
NAME	MARTIN, STEVEN L
STREET ADDRESS	1615 SUE DRIVE
CITY-ST-ZIP	COCOA, FL 32922
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Steven L. Martin

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

7/19/06

Date

Daytime Phone # _____