

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 17, 2004 8:00 am
Secretary of State

04-29-2004 90074 017 ****50.00

DOCUMENT # L03000053402					
1. Entity Name KIDD'S ISLAND BAKERY LLC					
Principal Place of Business 6305 MIRAMAR PKWY MIRAMAR, FL 33023			Mailing Address 6305 MIRAMAR PKWY MIRAMAR, FL 33023		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		04272004 Chg-LLC CR2E083 (10/03)	
4. FEI Number 38-3694323				Applied For Not Applicable	
5. Certificate of Status Desired				☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JOHN, LYSTRA 1257 NW 144 TERR PEMBROKE PINES, FL 33028			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ (NOTE: Registered Agent signature required when reissuing)					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JOHN, LYSTRA 1257 NW 144 TERR. PEMBROKE PINES, FL 33028		☐ Delete	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM THOMAS, SHELDON 1257 NW 144 TERR. PEMBROKE PINES, FL-33028		☐ Delete	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			☐ Delete	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			☐ Delete	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			☐ Delete	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			☐ Delete	☐ Change ☐ Addition	
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:			LYSTRA JOHN W		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			4/27/04 954-963-6911		