


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 25, 2008 8:00 am
Secretary of State

08-25-2008 90092 032 ***138.75

DOCUMENT # L03000053402 1. Entity Name KIDD'S ISLAND BAKERY LLC	
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Principal Place of Business 6305 MIRAMAR PKWY MIRAMAR, FL 33023	Mailing Address 6305 MIRAMAR PKWY MIRAMAR, FL 33023
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05152008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 38-3694323	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent JOHN, LYSTRA 1257 NW 144 TERR PEMBROKE PINES, FL 33028
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**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. 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 reappointing) DATE _____

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JOHN, LYSTRA 1257 NW 144 TERR. PEMBROKE PINES, FL 33028
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM THOMAS, SHELDON 1257 NW 144 TERR. PEMBROKE PINES, FL 33028
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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 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: _____

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

7/1/08
Date

Daytime Phone #