


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90276 008 ****55.00

DOCUMENT # L03000053783	
1. Entity Name KRISTOPHER WHITE, L.L.C.	

Principal Place of Business 324 TRUDGEON DRIVE NEW SMYRNA BEACH FL 32168	Mailing Address 324 TRUDGEON DRIVE NEW SMYRNA BEACH FL 32168
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2. Principal Place of Business - No P.O. Box # 1021 DAYTONA AVE	3. Mailing Address 1021 DAYTONA AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State HOLLY HILL FL	City & State HOLLY HILL FL
Zip 32117	Country

1st MOORE CR2E083 (10/06)

4. FEI Number 20-0497033	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WHITE, KRISTOPHER 324 TRUDGEON DRIVE NEW SMYRNA BEACH FL 32168	
7. Name and Address of New Registered Agent Name: WHITE KRISTOPHER Street Address (P.O. Box Number is Not Acceptable): 1021 DAYTONA AVE City: HOLLY HILL FL Zip Code: 32117	

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 registering) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WHITE, KRISTOPHER 324 TRUDGEON DRIVE NEW SMYRNA BEACH FL 32168 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WHITE KRISTOPHER 1021 DAYTONA AVE HOLLY HILL FL 32117 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/14/07 386 692 7496

Date Daytime Phone #