


FILED
Apr 26, 2004 8:00 am
Secretary of State

24054100

| | | | |
|--|--|--|---|
| DOCUMENT # L03000054649 | | Secretary of State 04-26-2004 90047 037 ****50.00 | |
| 1. Entity Name BONNIE MAY'S KETTLE KORN, LLC | |  | |
| Principal Place of Business 144 LAKEVIEW DR. LEESBURG, FL 34788 | | Mailing Address 144 LAKEVIEW DR. LEESBURG, FL 34788 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| | | 02032004 Chg-LLC CR2E083 (10/03) | |
| 4. FEI Number | | <input checked="" type="checkbox"/> 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 | | 7. Name and Address of New Registered Agent | |
| SIMPSON, BONNIE 144 LAKEVIEW DR. LEESBURG, FL 34788 | | 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 reinstating) _____ DATE _____ | | | |
| 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 | MGR SIMPSON, BONNIE 144 LAKEVIEW DR. LEESBURG, FL 34788 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input 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 |
| 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 |
| 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 |
| 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 |
| 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 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: <u>Bonnie Simpson</u> | | <u>4/20/04</u> <u>352-636-4789</u> | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | Date Daytime Phone # | |