Jul 05 05 01:19p edward kronen

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Sep 08, 2005 8:00 am
Secretary of State

09-08-2005 90012 035 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000056038

1. Entity Name
KITCHEN KRAFT, LLC

Principal Place of Business	Mailing Address
1163 PIN OAK CIR. NICEVILLE, FL 32578	1163 PIN OAK CIR. NICEVILLE, FL 32578

07052065 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
1211 FINCK RD Suite, Apt. #, etc.	1211 FINCK RD Suite, Apt. #, etc.
City & State: NICEVILLE, FL	City & State: NICEVILLE, FL
Zip: 32578 Country: OKA	Zip: 32578 Country: OKA

4. FEI Number: NOT APPLICABLE — ☐ 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
YOUNCE, RICHARD E 1163 PIN OAK CIR. NICEVILLE, FL 32578	Name: YOUNCE, RICHARD W. Street Address (P.O. Box Number Is Not Acceptable) 1211 FINCK RD City: NICEVILLE FL Zip Code: 32578

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 completing) DATE

Filing Fee is $50.00
Due by September 7, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM YOUNCE, RICHARD E 1163 PIN OAK CIR. NICEVILLE, FL 32578	☒ Delete	MGRM YOUNCE, RICHARD W 1211 FINK RD NICEVILLE, FL 32578	☒ 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
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 605, Florida Statutes.

SIGNATURE: Richard W Younce 9/6/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #