

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000056271

1. Entity Name
ART KITCHEN DESIGN, LLC.



Principal Place of Business
7715-F ELLIS RD
WEST MELBOURNE, FL 32904

Mailing Address
7715-F ELLIS RD
WEST MELBOURNE, FL 32904



01042006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
16-1627813

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RIVERA, VANESSA E
1055 HOOPER AVE NE
PALM BAY, FL 32905

**DO NOT WRITE
IN THIS SPACE**

7. 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

Vanessa Rivera MGR Antonio Rivera
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

1/13/06
DATE

Filing Fee is \$50.00
Due by May 1, 2006

8. MANAGING MEMBERS/MANAGERS

| | |
|----------------|--------------------|
| TITLE | MGR |
| NAME | RIVERA, VANESSA E |
| STREET ADDRESS | 1055 HOOPER AVE NE |
| CITY-ST-ZIP | PALM BAY, FL 32905 |
| TITLE | MGR |
| NAME | RIVERA, ANTONIO A |
| STREET ADDRESS | 1055 HOOPER AVE NE |
| CITY-ST-ZIP | PALM BAY, FL 32905 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

1100000389350
01/20/06-80042-018 50.00

**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:

Vanessa E. Rivera
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/13/06
Date

Daytime Phone #