2605 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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DOCUMENT # L0400006996								DIV	FILE SECRETARY I VISION OF COL	D OF STA RPORAT	TE TIONS		
KITCHEN SMITH, LLC									05 FEB 16 A				
Principal Plac													
844 FAIRWAY DRIVE				944 FAIRWAY DRIVE									
				PENSACOLA FL 32507 US					E.				
30				••			M_{\odot}	/ II	HADDON DOMENNE DI AND ETTER FERREN I			ARREN AFRA ATTRA	
2. Principal P	lace of Busin	iess	. 3	3. Mailing Address	· · · ·			/					
				SAME			~'	111	MANARA AM ARMI BISM RAMI AAMA	FOUT DOWN OR WE	LIMB (RICE (BMA 16	TOTAL RESIDENCE	
Suite Apt. 13 984707 6			1	Suite, Apt. #, Stc.			1	1st MOORECR2E083 (10/04)					
City & State				City & State			4.5	El Num	ber		- TAK	plied For	
								5	1-2142350	e		t Applicable	
Zip	į	Country		Zip	Coun	try (5. 0	ertifica	te of Status Desired		\$5.00 Ad		
	6 Name	and Address of Curre	nt Box	Plotoced Accept	L		\ 		d Address of Nov D		Fee Require	<u>d</u>	
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent Name						
STURGEN, WILLIAM M JR						Street Address /D O Day Number to New Assessments							
= 2253 COUNTRY-PLACE CIRCLE				<u> </u>	Street Address (P.O. Box Number is Not Acceptable)								
PENSACOLA FL 32534-9501					JANE								
						City				FL	Zip Cod		
8. The above	named entit	v submits this statemen	t for th	e purpose of changing its	register	ed office or re	edistered an	ent or b	orth in the State of Fig		familiar with	and accent	
the obligat	tions of regist	tered agent.		e parpose or or anguigen	10010101	55 511195 51 15	gistorou ag	 Of C	out at the Butto of the	nog. ram	CONTRACT STORY	and accept	
SIGNATURE							. . .		<u> </u>				
	Signature, typed	or previed name of registered ag	t breatne	(NOT	E Registere	d Agent signature :	es ceris besuper	rsterrg)		CATE			
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				Make Check Payab		orida Depai ay 1, 2005	rtment of	State					
9.		MANAGING MEM	PERS	<u> </u>	10.	- J C			ADDITIONS/	CLANCES		<u> </u>	
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				s filing does not quality for it my signature shall have						turther cer ling membe	tify that the li	ntormation or of the	
umited lia	EDINY COMPA	ny or the receiver or tru:	509 GF	npowered to execute this	report as	s required by	Chapter 606	, Florid	a Statutes.	•			
			A	1.	_								
SIGNAT	URE:	AND TYPED OR PRINTED NAME	E OF SIG	ENING MANAGING MEMBER, MA	NAGER OF	AUTHORIZED PE	PRESENTATIVE	<u>. </u>	Cate	·	mat ma Chara		
5						TITLE NE		-	Lain	u	sytene Phone #		