

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L04000006996

1. Entity Name
KITCHEN SMITH, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS.

05 FEB 16 AM 10:51

Principal Place of Business
**944 FAIRWAY DRIVE
PENSACOLA FL 32507
US**

Mailing Address
**944 FAIRWAY DRIVE
PENSACOLA FL 32507
US**

2. Principal Place of Business
SAME

3. Mailing Address
SAME

Suite, Apt., etc.
SAME

City & State
SAME

Zip
SAME

Country
SAME

[Handwritten initials]



1st MOORE CR2E083 (10/04)

4. FEI Number
54-2142356

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**STURGEN, WILLIAM M JR
2253 COUNTRY PLACE CIRCLE
PENSACOLA FL 32534-9501**

7. Name and Address of New Registered Agent

Name
SAME

Street Address (P.O. Box Number is Not Acceptable)
SAME

City
FL

Zip Code
FL

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 _____
Signature, typed or printed name of registered agent and title if applicable (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, 2005

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM SMITH, BRIAN C 944 FAIRWAY DRIVE PENSACOLA FL 32507-3503 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | SAME <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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02/01/05-80009-007 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: *Brian C. Smith*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date _____ Daytime Phone # _____