

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2008 08:00 A
Secretary of State

DOCUMENT # L04000013696

1. Entity Name

KAY'S PRESTIGE KITCHENS, L.L.C.



Principal Place of Business

218 GREEN ACRES RD.
FORT WALTON BEACH, FL 32547

Mailing Address

218 GREEN ACRES RD.
FORT WALTON BEACH, FL 32547



01072008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-0815839

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LINN, ROBERT L
218 GREEN ACRES RD.
FORT WALTON BEACH, FL 32547

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME BOB LINN, INC.
STREET ADDRESS 218 GREEN ACRES RD.
CITY-ST-ZIP FORT WALTON BEACH, FL 32547

TITLE MGRM
NAME BOB LINN, INC.
STREET ADDRESS 218 GREEN ACRES RD.
CITY-ST-ZIP FORT WALTON BEACH, FL 32547

TITLE MGRM
NAME JOHN LINN, INC
STREET ADDRESS 218 GREEN ACRES RD.
CITY-ST-ZIP FORT WALTON BEACH, FL 32547

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

ROBERT L. LINN

3/18/2008 850-862-6822

Date

Daytime Phone #