


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 02, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L04000038814**

1. Entity Name  
**KITCHENS BY DESIGN, LLC**



Principal Place of Business <b>4233 CLARK ROAD          UNIT 4          SARASOTA, FL 34233</b>	Mailing Address <b>4233 CLARK ROAD          UNIT 4          SARASOTA, FL 34233</b>
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01202007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>20-1160151</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**KORNAK, CAROL  
 4233 CLARK ROAD  
 UNIT 4  
 SARASOTA, FL 34233**

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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 reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM KORNAK, CAROL 4233 CLARK ROAD, SUITE 4 SARASOTA, FL 34233</b>
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 03/13/07-80083-011 50.00

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:** *Carol KornaK*      *2/27/07 941-989-7067*

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