

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000078119

FILED
Jan 05, 2006
Secretary of State

Entity Name: KITCHEN & BATH SOLUTIONS,LLC

Current Principal Place of Business:

875 94TH AVE N.
SUITE 2
NAPLES, FL 34110 US

New Principal Place of Business:

875 94TH AVE N.
SUITE 2
NAPLES, FL 34108 US

Current Mailing Address:

875 94TH AVE N.
SUITE 2
NAPLES, FL 34110 US

New Mailing Address:

875 94TH AVE N.
SUITE 2
NAPLES, FL 34108 US

FEI Number: 16-1709125

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAGRASTA, NICHOLAS
9141 QUARTER MOON DR.
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LAGRASTA, NICHOLAS
Address: 9141 QUARTER MOON DR.
City-St-Zip: NAPLES, FL 34109 US

Title: MGR () Delete
Name: LUSSIER, MICHAEL T
Address: 25 4TH ST.
City-St-Zip: BONITA SPRINGS, FL 34134 US

Title: MGR () Delete
Name: LAGRASTA, VINCENT
Address: 784 104TH AVE. N.
City-St-Zip: NAPLES, FL 34110 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: NICHOLAS LAGRASTA

MGRM

01/05/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date