

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000014265

FILED
Jan 27, 2008
Secretary of State

Entity Name: MIKE'S COMMERCIAL KITCHEN REPAIR, LLC

Current Principal Place of Business:

1911 KUMQUAT DRIVE
EDGEWATER, FL 32141 US

New Principal Place of Business:

922 WINGATE TRAIL
PORT ORANGE, FL 32128 US

Current Mailing Address:

1911 KUMQUAT DRIVE
EDGEWATER, FL 32141 US

New Mailing Address:

922 WINGATE TRAIL
PORT ORANGE, FL 32128 US

FEI Number: 20-2315630

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRIEBIS, DANIEL S
3890 TURTLE CREEK DRIVE
SUITE B
PORT ORANGE, FL 32127 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: O'DWYER, MICHAEL
Address: 1911 KUMQUAT DRIVE
City-St-Zip: EDGEWATER, FL 32141 US

Title: MGRM () Delete
Name: O'DWYER, CHRISTINE
Address: 1911 KUMQUAT DRIVE
City-St-Zip: EDGEWATER, FL 32141 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: O'DWYER, MICHAEL
Address: 922 WINGATE TRAIL
City-St-Zip: PORT ORANGE, FL 32128 US

Title: MGRM (X) Change () Addition
Name: O'DWYER, CHRISTINE
Address: 922 WINGATE TRAIL
City-St-Zip: PORT ORANGE, FL 32128 US

I hereby certify that the information supplied with this filing does not qualify 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: CHRISTINE O'DWYER

MGRM

01/27/2008

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