
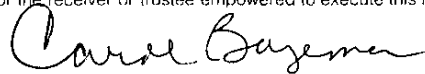


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90426 010 \*\*\*\*50.00

|  |                                      |                     |  |  |  |
|--|--------------------------------------|---------------------|--|--|--|
| <b>DOCUMENT # L05000089602</b><br>1. Entity Name<br><b>KING'S CUISINE CATERING, LLC</b>  |                                      |                     |  |   |  |
| Principal Place of Business<br><b>1606 ORACLE DR<br/>RUSKIN FL 33573<br/>US</b>  |                                      |                     | Mailing Address<br><b>1606 ORACLE DR<br/>RUSKIN FL 33573<br/>US</b>  |  |  |
| 2. Principal Place of Business   |                                      | 3. Mailing Address  |  |  |  |
| Suite, Apt. #, etc.  |                                      | Suite, Apt. #, etc. |  |  |  |
| City & State   |                                      | City & State        |  |  |  |
| Zip  | Country                              | Zip                 | Country  | 4. FEI Number<br><b>61-149 5017</b>  |  |
| 6. Name and Address of Current Registered Agent  |                                      |                     |  | 7. Name and Address of New Registered Agent  |  |
| <b>BAJEMA, CAROL &amp; COSTA, RICHARD</b><br><b>1606 ORACLE DR</b><br><b>RUSKIN FL 33573</b>   |                                      |                     |  | Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 re-registering) _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   |                                      |                     |  |  |  |
|  |                                      |                     | <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2006</b> |  |  |
| 9. MANAGING MEMBERS/MANAGERS   |                                      |                     | 10. ADDITIONS/CHANGES  |  |  |
| TITLE  | MGRM <input type="checkbox"/> Delete |                     | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   | BAJEMA, CAROL                        |                     | NAME   |  |  |
| STREET ADDRESS   | 1606 ORACLE DR                       |                     | STREET ADDRESS   |  |  |
| CITY-ST-ZIP  | RUSKIN FL 33573                      |                     | CITY-ST-ZIP  |  |  |
| TITLE  | MGRM <input type="checkbox"/> Delete |                     | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   | <del>COSTA</del> COSTA, RICHARD      |                     | NAME   |  |  |
| STREET ADDRESS   | 1606 ORACLE DR                       |                     | STREET ADDRESS   |  |  |
| CITY-ST-ZIP  | RUSKIN, FL 33573                     |                     | CITY-ST-ZIP  |  |  |
| TITLE  | <input type="checkbox"/> Delete      |                     | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   |                                      |                     | NAME   |  |  |
| STREET ADDRESS   |                                      |                     | STREET ADDRESS   |  |  |
| CITY-ST-ZIP  |                                      |                     | CITY-ST-ZIP  |  |  |
| TITLE  | <input type="checkbox"/> Delete      |                     | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   |                                      |                     | NAME   |  |  |
| STREET ADDRESS   |                                      |                     | STREET ADDRESS   |  |  |
| CITY-ST-ZIP  |                                      |                     | CITY-ST-ZIP  |  |  |
| TITLE  | <input type="checkbox"/> Delete      |                     | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   |                                      |                     | NAME   |  |  |
| STREET ADDRESS   |                                      |                     | STREET ADDRESS   |  |  |
| CITY-ST-ZIP  |                                      |                     | CITY-ST-ZIP  |  |  |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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. |                                      |                     |  |  |  |
| <b>SIGNATURE:</b>  <b>CAROL BAJEMA</b> <span style="float: right;">2/10/06 873 233 3502</span>  |                                      |                     |  |  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |                                      |                     |  |  |  |