


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 02, 2008 8:00 am
Secretary of State

09-02-2008 90077 048 ***138.75

DOCUMENT # L05000102913	
1. Entity Name KITCHEN CREATIONS AND VANITIES, LLC	

Principal Place of Business 5021 SOUTH STATE RD 7 SUITE 207 DAVIE, FL 33314	Mailing Address 5021 SOUTH STATE RD 7 SUITE 207 DAVIE, FL 33314
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2. Principal Place of Business - No P.O. Box # 9461 SW 49 PLACE	3. Mailing Address 9461 SW 49 PLACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Cooper City, FL	City & State Cooper City, FL
Zip 33328	Country Broward
Zip 33328	Country Broward

08292008 Chg-LLC CR2E083 (12/06)

4. FEI Number 42-1684579	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent	
RYAN, PATRICK 9461 S.W. 49TH PLACE COOPER CITY, FL 33328	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code


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 _____

FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RYAN, PATRICK 9461 SW 49TH PLACE COOPER CITY, FL 33328 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **DATE:** Aug 25 08/ **DAYTIME PHONE #:** 954-253-8684

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