

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90209 005 ****50.00

DOCUMENT # L05000116918

1. Entity Name
THE KITCHENS GROUP, LLC



Principal Place of Business
720 NORTH MAITLAND BLVD.
SUITE 104
MAITLAND, FL 32751 US

Mailing Address
720 NORTH MAITLAND BLVD.
SUITE 104
MAITLAND, FL 32751 US

2. Principal Place of Business - No P.O. Box #
260 Lookout Place

3. Mailing Address
260 Lookout Place

Suite/Apt. #, etc.
106

Suite/Apt. #, etc.
106

City & State
Maitland, FL

City & State
Maitland, FL

Zip Country
32751 Orange

Zip Country
32751 Orange

01032007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-3931069

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COHEN, DAVID S ESQUIRE
5728 MAJOR BLVD
SUITE 550
ORLANDO, FL FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME KITCHENS, JAMES T ☐ Delete
STREET ADDRESS 720 NORTH MAITLAND BLVD., SUITE 104
CITY-ST-ZIP MAITLAND, FL 32751

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☒ Change ☐ Addition
NAME Kitchens, James T
STREET ADDRESS 260 Lookout Place, Suite 106
CITY-ST-ZIP Maitland, FL 32751

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *James T. Kitchens* James T. Kitchens
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/5/07 407-622-0210
Date Daytime Phone #