

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90039 044 ****50.00

DOCUMENT # L05000121422

1. Entity Name

KJLD BREADING, LLC



Principal Place of Business

Mailing Address

1135 PASADENA AVE. S.
STE. 208
ST PETERSBURG FL 33707

1135 PASADENA AVE. S.
STE. 208
ST PETERSBURG FL 33707



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

AS ABOVE

3. Mailing Address

AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/06)

City & State

City & State

4. FEI Number

16-1747937

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BREADING, KEITH
1135 PASADENA AVE. S.
STE. 208
ST PETERSBURG FL 33707

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]
Signature, type or printed name of registered agent, and file if applicable.

KEITH J BREADING
(NOTE: Registered Agent signature required when transferring)

03-16-07
DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
MGR
BREADING, KEITH
STREET ADDRESS
1135 PASADENA AVE. S.
CITY- ST- ZIP
ST PETERSBURG FL 33707 ☒ Delete

TITLE
NAME
MANAGING MEMBER
W H BREADING & SON FL INC
STREET ADDRESS
1135 PASADENA AVE S
CITY- ST- ZIP
S. PASADENA FL 33707 ☐ Change ☐ Addition

TITLE
NAME
MGR
BREADING, LENA
STREET ADDRESS
1135 PASADENA AVE. S.
CITY- ST- ZIP
ST PETERSBURG FL 33707 ☒ Delete

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

TITLE
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CITY- ST- ZIP ☐ Delete

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

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

KEITH JAMES BREADING 03-16-07 727-743-5727

Date

Daytime Phone #