


# 2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L06000066391	
1. Entity Name SMART BUY KITCHENS OF BONITA, LLC	

Principal Place of Business 25091 BERNWOOD DRIVE UNIT 3 BONITA SPRINGS, FL 34135	Mailing Address 25091 BERNWOOD DRIVE BONITA SPRINGS, FL 34135
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2. Principal Place of Business - No P.O. Box # 1791 TRADE CENTER WAY	3. Mailing Address 1791 TRADE CENTER WAY
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State NAPLES, FL	City & State NAPLES, FL
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Zip 34917	Country	Zip 34917	Country
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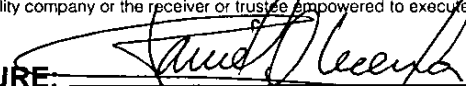
6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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BERNARD, DECKO 201 VINTAGE BAY DRIVE SUITE 31 MARCO ISLAND, FL 34145	Name Aly. Kirt R. Posthuma
	Street Address (P.O. Box Number is Not Acceptable)
	3431 PINE RIDGE RD, STE 101
	City NAPLES FL Zip Code 34109

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.	7/1/08
SIGNATURE 	DATE

Amended AR is \$50.00	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 CUENYA, DANIEL 1791 TRADE CENTER WAY SUITE 8 NAPLES, FL 34109 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800133143668 07/18/08--01044--021 **55.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DIEEFENTHALER, MARK S 4311 13TH AVENUE S.W. NAPLES, FL 34116 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DIEEFENTHALER, LAURA 4311 13TH AVENUE S.W. NAPLES, FL 34116 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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:  DANIEL O. CUENYA	07/01/2008 239-825-9350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #

FILED

08 JUL 17 AM 11:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07012008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5114673	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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