

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000096375

FILED  
Apr 07, 2008  
Secretary of State

Entity Name: KARIN'S KAKES LLC

**Current Principal Place of Business:**

5231 LAUREL OAK COURT  
NORTH PORT, FL 34287 US

**New Principal Place of Business:**

**Current Mailing Address:**

5231 LAUREL OAK COURT  
NORTH PORT, FL 34287 US

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

SCHMIDT, KARIN H  
5231 LAUREL OAK COURT  
NORTH PORT, FL 34287 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: RA ( ) Delete  
Name: SCHMIDT, KARIN H  
Address: 5231 LAUREL OAK COURT  
City-St-Zip: NORTH PORT, FL 34287

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KARIN H. SCHMIDT

RA

04/07/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date