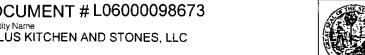
2008 LIMITED LIABILITY COMPANY

ANNUAL REPORT





DOCUMENT # L06000098673 1. Entity Name A PLUS KITCHEN AND STONES, LLC				04-03-20	08 90069 034 ****138.75	
Principal Place of Business 4072 PINE RIDGE LANE WESTON, FL 33331		Mailing Address 4072 PINE RIDGE LANE WESTON, FL 33331				
Principal Place of Business - No P.O. Box # Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03272008 Chg-LLC	CR2E083 (12/06)	
City & State		City & State		4. FEI Number 20-5681314	Applied For Not Applicable	
Zip	Country	Zip .	Country	5. Certificate of Status Desire	d S5.00 Additional Fee Required	
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of Ne	w Registered Agent	
MONTANER, LENY 4072 PINE RIDGE LANE WESTON, FL 33331			Street Addres	Street Address (P.O. Box Number is Not Acceptable)		
,	5 ×					
	.		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 req.	uirêd when reinstating)	DATE	
	NOW!!! FEE IS \$138.75 7 1, 2008 Fee will be \$538.79	5		l l	lake check payable to rida Department of State	
9.	MANAGING MEMBE		10.	ADDITIO	NS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MONTANER, LENY 4072 PINE RIDGE LANE WESTON, FL 33331	☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-S1-ZIP	-	□ Delete	NAME STREET ADDRESS CITY-ST-ZIP	***	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	THLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete	THILE NAME STREET ADORESS CHY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Change ☐ Addition	
indicated		of that my signature shall have empowered to execute this	the same legal effect as report as required by Ch	if made under oath; that I am a manapter 608, Florida Statutes. MONTANER 03/3	3010% (954)638-1595	
	SIGNATURE AND TYPED OR PRINTED NAME O	IT SIGNING MANAGING MEMBER, MAI	IAGER, OR AUTHORIZED REPR	RESENTATIVE Date	Daytime Phone #	