

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000111067

FILED  
May 03, 2007  
Secretary of State

**Entity Name:** THE GREEK KITCHEN, LLC

**Current Principal Place of Business:**

355 WILLOWBAY RIDGE ST.  
SANFORD, FL 32771

**New Principal Place of Business:**

**Current Mailing Address:**

355 WILLOWBAY RIDGE ST.  
SANFORD, FL 32771

**New Mailing Address:**

FEI Number: 13-4347654      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

ELLIS, KATHY  
355 WILLOWBAY RIDGE ST.  
SANFORD, FL 32771      US

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: MGR      ( ) Delete  
Name: ELLIS, KATHY  
Address: 355 WILLOWBAY RIDGE ST.  
City-St-Zip: SANFORD, FL 32771

Title: MGR      ( ) Delete  
Name: ELLIS, JOHN F JR  
Address: 355 WILLOWBAY RIDGE ST.  
City-St-Zip: SANFORD, FL 32771

**ADDITIONS/CHANGES:**

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

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: KATHY ELLIS

MGR

05/03/2007

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