

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Mar 20, 2008 8:00 am
Secretary of State

02-21-2008 90069 032 ***143.75

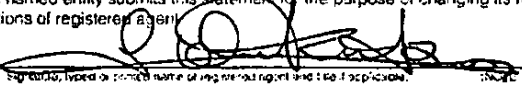
DOCUMENT # L07000007405	
1. Entity Name KIKO'S CATERING LLC	

Principal Place of Business 1745 BOXWOOD LANE NAPLES FL 34105	Mailing Address 1745 BOXWOOD LANE NAPLES FL 34105
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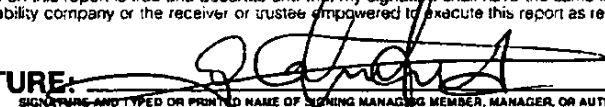
2. Principal Place of Business - No P.O. Box # 5180 YAHU ST #103	3. Mailing Address
Suite, Apt. #, etc. 103	Suite, Apt. #, etc.
City & State NAPLES	City & State
Zip 34105	Country Collier

6. Name and Address of Current Registered Agent FERRER, CLAUDIO 1745 BOXWOOD LANE NAPLES FL 34105

7. Name and Address of New Registered Agent
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  DATE

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGRM	☐ Delete	TITLE	☐ Change ☐ Addition
NAME FERRER, CLAUDIO		NAME	
STREET ADDRESS 1745 BOXWOOD LANE		STREET ADDRESS	
CITY- ST- ZIP NAPLES FL 34105		CITY- ST- ZIP	
TITLE MGRM	☐ Delete	TITLE	☐ Change ☐ Addition
NAME FERRER, MINERVA		NAME	
STREET ADDRESS 1745 BOXWOOD LANE		STREET ADDRESS	
CITY- ST- ZIP NAPLES FL 34105		CITY- ST- ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	

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:  02/08/08

30002500



37 15 41 713

1st MOORE CR2E083 (10/07)

4. FEI Number No 28013938495-8	Applied For Not Applicable
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5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required
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FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State