2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State
03-14-2008 90200 002 ***138.75

DOCUMENT # L07000030043

1. Entity Name
KOO KOO KAFE, LLC.

60014699

Principal Place of Business	Mailing Address
411 15TH AVE NORTH ST. PETERSBURG, FL 33704	~~411 15TH AVE NORTH ST. PETERSBURG, FL 33704~~

03062008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business No P.O. Box #	3. Mailing Address
137 90th Ave	137 90th Ave
Suite, Apt. #, etc.: #2U	Suite, Apt. #, etc.: #2U
City & State: Treasure Island	City & State: Treasure Island, FL
Zip: 33706 Country: Pinellas	Zip: 33706 Country: Pinellas

4. FEI Number: 20-8676097 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BERNHARDT, CARLA S
15536 TIMBERLINE DRIVE
TAMPA, FL 33624

7. Name and Address of New Registered Agent

Name: Carla Bernhardt
Street Address (P.O. Box Number is Not Acceptable): 137 90th Ave #2U
City: Treasure Island FL Zip Code: 33706

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 required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BERNHARDT, CARLA S 15536 TIMBERLINE DRIVE TAMPA, FL 33624	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Carla Bernhardt 137 90th Ave #2U Treasure Island, FL 33706	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: Carla Bernhardt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #