

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000030620

FILED
Apr 25, 2008
Secretary of State

Entity Name: CASSANDRA'S KITCHEN, LLC

Current Principal Place of Business:

417 SCHOOL HOUSE RD.
JUPITER, FL 33458

New Principal Place of Business:

9669 LAGO DR.
BOYNTON BEACH, FL 33472

Current Mailing Address:

% CASSANDRA SCHULTZ
4782 N. CITATION DR., APT. 205
DELRAY BEACH, FL 33445

New Mailing Address:

9669 LAGO DR.
BOYNTON BEACH, FL 33472

FEI Number: 20-8717430

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SCHULTZ, CASSANDRA
417 SCHOOL HOUSE RD.
JUPITER, FL 33458 US

Name and Address of New Registered Agent:

SCHULTZ, CASSANDRA
9669 LAGO DRIVE
BOYNTON BEACH, FL 33472 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: CASSANDRA SCHULTZ

04/25/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SCHULTZ, CASSANDRA G
Address: 4782 N. CITATION DRIVE APT 205
City-St-Zip: DELRAY BEACH, FL 33445

Title: MGRM () Delete
Name: PARSONS, CINTIA
Address: 30 S. FERRIS STREET
City-St-Zip: IRVINGTON, NY 10533

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SCHULTZ, CASSANDRA G
Address: 9669 LAGO DRIVE
City-St-Zip: BOYNTON BEACH, FL 33472

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: CASSANDRA SCHULTZ

MGRM

04/25/2008

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