

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000037418

FILED
Oct 06, 2009
Secretary of State**Entity Name:** ELLA'S KITCHEN, LLC**Current Principal Place of Business:**5119 N. NEBRASKA AVE
TAMPA, FL 33603**New Principal Place of Business:****Current Mailing Address:**4008 N. SEMINOLE AVE.
TAMPA, FL 33603**New Mailing Address:****FEI Number:** 20-8782979**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**DEMING, DONNA N
1900 CAPRI ROAD
VALRICO, FL 33594 US**Name and Address of New Registered Agent:**

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:** MGRM () Delete
Name: DEMING, MELISSA
Address: 4008 N. SEMINOLE AVE.
City-St-Zip: TAMPA, FL 33603**Title:** MGRM () Delete
Name: DEMING, DONNA
Address: 1900 CAPRI ROAD
City-St-Zip: VALRICO, FL 33594**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** MGRM () Change (X) Addition
Name: DEMING, DONALD C
Address: 1900 CAPRI ROAD
City-St-Zip: VALRICO, FL 33594

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: MELISSA DEMING

MD

10/06/2009

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