


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90320 048 ***138.75

DOCUMENT # L07000054895	
1. Entity Name YORK OUTDOOR KITCHENS & FIREPLACES, LLC	

Principal Place of Business 651 EAST OVERDRIVE CIRCLE HERNANDO, FL 34442	Mailing Address 10 MIDDLE GROUND ROAD OCALA, FL 34482
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2. Principal Place of Business - No P.O. Box # 1200 NE 36th Ave	3. Mailing Address
Suite, Apt. #, etc. # 505	Suite, Apt. #, etc.

City & State Ocala FLA	City & State
Zip 34470	Country USA

60026277



04142008 Chg-LLC CR2E083 (12/06)

4. FEI Number 77-0687517	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent YORK, FRANK E 10 MIDDLE GROUND ROAD OCALA, FL 34482	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 <i>Frank E York</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE 4-10-08 <small>(NOTE: Registered Agent signature required when reinstating)</small>
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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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR YORK, FRANK W 10 MIDDLE GROUND ROAD OCALA, FL 34482 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR YORK, FRANK E SR. 10 MIDDLE GROUND OCALA, FL 34482 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Frank E York</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	DATE 4-10-08	DAYTIME PHONE # 352 209-8365
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