

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000074092

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Entity Name:** KITCHENS WITH CARE, LLC

**Current Principal Place of Business:**

2410 SOUTH MACDILL AVE.  
TAMPA, FL 33629 US

**New Principal Place of Business:**

**Current Mailing Address:**

4310 HARBOR HOUSE DR  
TAMPA, FL 33615 US

**New Mailing Address:**

**FEI Number:** 26-0546869

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JAGGI, CHRISTINE  
4310 HARBOR HOUSE DR  
TAMPA, FL 33615 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: MGR  
Name: JAGGI, CHRISTINE  
Address: 4310 HARBOR HOUSE DRIVE  
City-St-Zip: TAMPA, FL 33615 US

I hereby 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: CHRISTINE JAGGI

MGR

04/26/2011

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