

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000092459

FILED  
Mar 28, 2008  
Secretary of State

Entity Name: KRAVINGS, LLC

**Current Principal Place of Business:**

918 EAGLE LANE  
APOLLO BEACH, FL 33572 US

**New Principal Place of Business:**

**Current Mailing Address:**

918 EAGLE LANE  
APOLLO BEACH, FL 33572 US

**New Mailing Address:**

FEI Number: 26-1543509      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MICHAEL, JOHNSON  
10610 GOSHAWK  
RIVERVIEW, FL 33569 US

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

NORMAN, JOHNSON  
918 EAGLE LANE  
APOLLO BEACH, FL 33572 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: NORMAN JOHNSON

03/28/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GREEN, STANLEY  
Address: 12827 LAKE VISTA DRIVE  
City-St-Zip: GIBSONTON, FL 33534

Title: MGRM ( ) Delete  
Name: GREEN, LISA W  
Address: 12827 LAKE VISTA DRIVE  
City-St-Zip: GIBSONTON, FL 33534

Title: MGRM ( ) Delete  
Name: JOHNSON, SUSAN W  
Address: 918 EAGLE LANE  
City-St-Zip: APOLLO BEACH, FL 33572

Title: MGRM ( ) Delete  
Name: JOHNSON, NORMAN  
Address: 918 EAGLE LANE  
City-St-Zip: APOLLO BEACH, FL 33572

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: JOHNSON, NORMAN  
Address: 918 EAGLE LANE  
City-St-Zip: APOLLO BEACH, FL 33572

Title: MEMB (X) Change ( ) Addition  
Name: GREEN, LISA W  
Address: 12827 LAKE VISTA DRIVE  
City-St-Zip: GIBSONTON, FL 33534

Title: MEMB (X) Change ( ) Addition  
Name: GREEN, STANLEY  
Address: 12827 LAKE VISTA DRIVE  
City-St-Zip: GIBSONTON, FL 33534

Title: MEMB (X) Change ( ) Addition  
Name: JOHNSON, SUSAN  
Address: 918 EAGLE LANE  
City-St-Zip: APOLLO BEACH, FL 33572

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: NORMAN JOHNSON

MGRM

03/28/2008

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