


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Mar 07, 2008 8:00 am
Secretary of State

01-22-2008 90123 037 ***138.75

DOCUMENT # L07000097753	
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1. Entity Name
LISA'S KITCHEN, L.L.C.

Principal Place of Business
3201 NORTH HIGHWAY CR 19A
MT. DORA, FL 32757

Mailing Address
3201 NORTH HIGHWAY CR 19A
MT. DORA, FL 32757



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01122008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

26-1142328

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PURCELL, CHERYL A
12842 FORESTEDGE CIR...
ORLANDO, FL 32828

7. Name and Address of New Registered Agent

Name
LEISA PLINZKE

Street Address (P.O. Box Number is Not Acceptable) --
1012 LAKE ELSIE DRIVE

City
TAVARES

FL

Zip Code
32778

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

Leisa B. Plinzke

X01/15/08

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME ☐ Delete

MM LEISA PLINZKE PRES
1012 LAKE ELSIE DRIVE
TAVARES FL 32778

TITLE NAME ☐ Delete

ROBERT PLINZKE VICE PRES
1012 LAKE ELSIE DRIVE
TAVARES FL 32778

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ 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:

Leisa B. Plinzke

X 01-15-08

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #