


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jun 04, 2008 8:00 am**  
**Secretary of State**

06-04-2008 90255 014 \*\*\*138.75

<b>DOCUMENT # L08000000171</b>	
1. Entity Name <b>PALM COAST KITCHENS, LLC</b>	

Principal Place of Business <b>4984 PALM COAST PARKWAY #3 PALM COAST, FL 32137</b>	Mailing Address <b>102 SLUMBER MEADOW TRAIL PALM COAST FL 32164</b>
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2. Principal Place of Business - No P.O. Box # <b>3 Industry Dr</b>	3. Mailing Address <b>3 Industry Dr</b>
Suite, Apt. #, etc. <b>#3</b>	Suite, Apt. #, etc. <b>#3</b>

City & State <b>Palm Coast, FL</b>	City & State <b>Palm Coast, FL</b>
Zip <b>32137</b>	Country <b>Fla</b>



2nd MOORE CR2E083 (4/08)

4. FEI Number <b>26-2090418</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>GRUND, BRIAN K 3 INDUSTRY DR. #3 PALM COAST FL 32137</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	

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 *Brian K. Grund* DATE **5-21-08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

<b>FILE NOW!!! FEE IS \$538.75</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By September 3, 2008</b>	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited liability company certifies it did not receive prior notice. Fee to file is \$138.75 <input checked="" type="checkbox"/>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRUND, BRIAN K 4984 PALM COAST PARKWAY #3 PALM COAST FL 32137 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Grund, Brian K. 3 Industry Dr #3 Palm Coast, FL 32137 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRUND, JEAN K 3 INDUSTRIAL DR. #3 PALM COAST FL 32137 <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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Brian K. Grund* **5-21-08 (386) 447-4052**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #