

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000001634

**FILED**  
**Apr 22, 2009**  
**Secretary of State**

**Entity Name:** GAIL'S KITCHEN LLC

**Current Principal Place of Business:**

8630 SE HARBOUR ISLAND WAY  
JUPITER, FL 33458 US

**New Principal Place of Business:**

**Current Mailing Address:**

8630 SE HARBOUR ISLAND WAY  
JUPITER, FL 33458 US

**New Mailing Address:**

FEI Number: 77-0711525

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SCHICKEDANZ, GAIL  
7741 N.MILITARY TRAIL, STE. 1  
PALM BEACH GARDENS, FL 33410 US

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

SCHICKEDANZ, GAIL  
8630 SE HARBOUR ISLAND WAY  
JUPITER, FL 33458 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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/22/2009

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SCHICKEDANZ, GAIL  
Address: 7741 N. MILITARY TRAIL, STE. 1  
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SCHICKEDANZ, GAIL  
Address: 8630 SE HARBOUR ISLAND WAY  
City-St-Zip: JUPITER, FL 33458 US

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: GAIL SCHICKEDANZ

MGRM

04/22/2009

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