

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000029413

Entity Name: GIGGLES 'N GRINS, LLC

FILED
Feb 17, 2009
Secretary of State

Current Principal Place of Business:

1619 SW 43RD LANE
CAPE CORAL, FL 33914

New Principal Place of Business:

Current Mailing Address:

PO BOX 150903
CAPE CORAL, FL 33915

New Mailing Address:

1619 SW 43RD LANE
CAPE CORAL, FL 33914

FEI Number: 26-2326279

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAINE, LYNN
1619 SW 43RD LANE
CAPE CORAL, FL 33914 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 () Delete
Name: KAINE, LYNN
Address: PO BOX 150903
City-St-Zip: CAPE CORAL, FL 33915

Title: MGR () Delete
Name: KAINE, ROBERT
Address: PO BOX 150903
City-St-Zip: CAPE CORAL, FL 33915

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LYNN KAINE

MGR

02/17/2009

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