

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000042486

FILED  
May 01, 2009  
Secretary of State

**Entity Name:** KREATIVE KITCHEN & BATH, L.L.C.

**Current Principal Place of Business:**

4404 SUGARTREE DRIVE EAST  
LAKELAND, FL 33813

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 6559  
LAKELAND, FL 33807

**New Mailing Address:**

FEI Number: 26-2599377      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

MATHIS, MELISSA  
6630 BROKEN ARROW TRAIL SOUTH  
LAKELAND, FL 33813      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

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MATHIS, MELISSA  
Address: 6630 BROKEN ARROW TRAIL SOUTH  
City-St-Zip: LAKELAND, FL 33813

Title: MGRM ( ) Delete  
Name: FUQUA, AMY  
Address: 4404 SUGARTREE DRIVE EAST  
City-St-Zip: LAKELAND, FL 33813

**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: MELISSA MATHIS

MGRM

05/01/2009

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