

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000080935

Entity Name: KITCHENSBYU.COM, LLC

FILED
Mar 13, 2009
Secretary of State

Current Principal Place of Business:

11345 NORVELL RD
SPRING HILL, FL 34608

New Principal Place of Business:

10417 GOLFERS WAY
SPRING HILL, FL 34608

Current Mailing Address:

11345 NORVELL RD
SPRING HILL, FL 34608

New Mailing Address:

10417 GOLFERS WAY
SPRING HILL, FL 34608

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEMONS, FLOYD T III
11345 NORVELL RD
SPRING HILL, FL 34608 US

Name and Address of New Registered Agent:

LEMONS, FLOYD T III
10417 GOLFERS WAY
SPRING HILL, FL 34608 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:

03/13/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LEMONS, FLOYD T III
Address: 11345 NORVELL RD
City-St-Zip: SPRING HILL, FL 34608

Title: MGR () Delete
Name: LEMONS, TARA J
Address: 11345 NORVELL RD
City-St-Zip: SPRING HILL, FL 34608

Title: MGR () Delete
Name: NICOLA, ABEL J
Address: 6530 TRASK TERRACE
City-St-Zip: ALEXANDRIA, VA 22315

ADDITIONS/CHANGES:

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

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: FLOYD T. LEMONS

MGR

03/13/2009

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