

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000107704

FILED  
Apr 29, 2009  
Secretary of State

**Entity Name:** KITCHEN AND CLOSET CONCEPTS OF ORLANDO, LLC

**Current Principal Place of Business:**

3025 EDGEWATER DR.  
ORLANDO, FL 32804

**New Principal Place of Business:**

**Current Mailing Address:**

3025 EDGEWATER DR.  
ORLANDO, FL 32804

**New Mailing Address:**

**FEI Number:** 26-3767857

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALDRICH, MICHAEL C  
2001 MOUNT VERNON ST  
ORLANDO, FL 32803 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: MGRM ( ) Delete  
Name: ALDRICH, MICHAEL C  
Address: 2001 MOUNT VERNON ST  
City-St-Zip: ORLANDO, FL 32803

Title: MGR ( ) Delete  
Name: CARPENTER, CHARLES  
Address: 713 LAKE HIGHLAND DR.  
City-St-Zip: ORLANDO, FL 32803

Title: MGR ( ) Delete  
Name: RUE, ROBERT  
Address: 2128 KORAT LN  
City-St-Zip: MAITLAND, FL 32751

**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: MICHEAL ALDRICH

MGRM

04/29/2009

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