<u> </u>	ED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPART Katherin Secretary DIVISION OF CO	e Harris of State	1		TO AY DE STATE CORPORATIONS
FILING \$ 188	FEE Annual Report \$100.00 .75 Make Check Payable				•		
I. Name of Limi			F# 198000		1		
	KITCHEN ENCOUNTER 410 WALNUT ST. GREEN COVE SPRING			Y L.C.	18. Principal Pia 410 WAL GREEN C	NUT ST	
2 Princip	pat Place of Business	2a. Mai	ing Address		3. Date Organize		3a. State of Formation
		Suite, Ar	ot. #. etc.	03/04/1	.998	FL	
					4. FEI Number		Applied For
City & Stat	ate	City & Si	ate		59-34	•	Not Applicable
Zip	Country	Zip	Co	untry	5. Date of Last F	ероп	6. Certificate of Status Desired 88.75 Additional Fee Required
	7. Name and Address of Currer	t Registered	Agent	8. Name	Name and Addres	s of New Regis	stered AgenVOffice
410 WALNUT ST. GREEN COVE SPRINGS FL 32043			Street Address (Suite, Apt. #, etc City		(P.O. Box Number is Not Acceptable)		
	ant to the provisions of Sections 608.416						
	red office or registered agent, or both, in the pred agent, and accept the obligations.	ne State of Flo	rida. Such change wa		ative vote of a majorit	ubmits this state	
as register	red office or registered agent, or both, in the pred agent, and accept the obligations.	Apparentesh	rida Such change wa	s authorized by affirma	ative vote of a majorit	ibmits this slate y of the member	
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