


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90040 039 ****50.00

DOCUMENT # M04000002614 1. Entity Name KITCHENS & MORE, LLC	
---	---

Principal Place of Business 11344 HENDON DRIVE 13041 Autumn River Rd. N. JACKSONVILLE, FL 32246 32224	Mailing Address 11344 HENDON DRIVE 13041 Autumn River Rd. N. JACKSONVILLE, FL 32246 32224
---	---



03292005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE


4. FEI Number 01-0570948	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent WOOD, EARL 11344 HENDON DRIVE 13041 Autumn River Rd. N. JACKSONVILLE, FL 32246 32224
--

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)


3-29-05
DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WOOD, EARL 11344 HENDON DRIVE 13041 Autumn River Rd. N. JACKSONVILLE, FL 32246 32224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3-29-05 904-742-1673

Date

Daytime Phone #