

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F02271

**FILED**  
**Jan 09, 2017**  
**Secretary of State**  
**CC3831794714**

**Entity Name:** TALLAHASSEE KITCHEN CENTER, INC.

**Current Principal Place of Business:**

634 E. PARK AVE.  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

634 E. PARK AVE.  
TALLAHASSEE, FL 32301 US

**FEI Number:** 59-2030796

**Certificate of Status Desired:** No

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

GRABOWSKI, SUSAN M  
4444 WIDGEON WAY  
TALLAHASSEE, FL 32303 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

**Officer/Director Detail :**

Title PD  
Name GRABOWSKI, SUSAN M  
Address 4444 WIDGEON WAY  
City-State-Zip: TALLAHASSEE FL 32303

Title VD  
Name GRABOWSKI, PAUL SR.  
Address 4444 WIDGEON WAY  
City-State-Zip: TALLAHASSEE FL 32303

Title D  
Name GRABOWSKI, SUSAN M  
Address 4444 WIDGEON WAY  
City-State-Zip: TALLAHASSEE FL 32303

Title T  
Name GRABOWSKI, PAUL JR.  
Address 881 E. CALL ST  
City-State-Zip: TALLAHASSEE FL 32301

Title S  
Name GRABOWSKI, KATIE  
Address 538 W 7TH AVENUE  
City-State-Zip: TALLAHASSEE FL 32303

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SUSAN M. GRABOWSKI

**PRESIDENT**

**01/09/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date