

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000036724

Entity Name: FRUIT COVE CAFES LLC

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

450-106 STATE RD 13N  
SUITE 101  
JACKSONVILLE, FL 32259 US

## **New Principal Place of Business:**

209 E. KARI CT.  
SAINT JOHNS, FL 32259 US

## **Current Mailing Address:**

450-106 STATE RD 13N  
SUITE 101  
JACKSONVILLE, FL 32259 US

## **New Mailing Address:**

209 E. KARI CT.  
SAINT JOHNS, FL 32259 US

FEI Number: 20-4795159

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MONAKEY, SAMINA H  
11945 SAN JOSE BLVD  
SUITE 201  
JACKSONVILLE, FL 32223 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  
Name: DUKE, WILLIAM  
Address: 209 E. KARI CT.  
City-St-Zip: SAINT JOHNS, FL 32259 US

Title: MGRM  
Name: DUKE, MARK  
Address: 209 E. KARI CT.  
City-St-Zip: SAINT JOHNS, FL 32259 US

I hereby 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: WILLIAM DUKE

MGR

04/28/2011

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