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Secretary of State
05-01-2006 90080 038 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

30013229

07312006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L05000044014

1. Entity Name
LEAF CAFE TEA, LLC

Principal Place of Business	Mailing Address
MARCK ZEPHIRIN 239 31ST.CT., #2 WEST PALM BEACH, FL 33407	MARCK ZEPHIRIN 239 31ST.CT., #2 WEST PALM BEACH, FL 33407

2. Principal Place of Business	3. Mailing Address
P.O. Box 530536	P.O. Box 530536
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lake Park	City & State: Lake Park, FL
Zip: 33403 Country: Palm Beach	Zip: 33403 Country: Palm Beach

4. FEI Number: 20-2551312 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ZEPHIRIN, MARCK 239 31ST CT #2 WEST PALM BEACH, FL 33407	Name: Marck Zephirin Street Address (P.O. Box Number is Not Acceptable): 1406 Flagler Blvd. City: Lake Park FL Zip Code: 33403

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] Marck Zephirin 8/3/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 6, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Marck Zephirin 1406 Flagler Blvd. Lake Park, FL 33403 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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] 8/3/06 561-249-4422
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #