
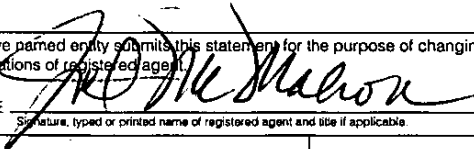
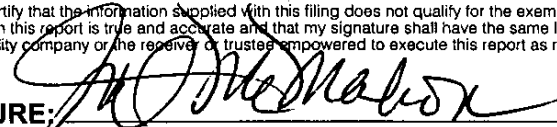


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90139 030 ***138.75

DOCUMENT # L06000043600			
1. Entity Name BEAN COUNTERS OF FLORIDA, LLC			
Principal Place of Business 6900-29 DANIELS PARKWAY PMB 125 FORT MYERS, FL 33912 US		Mailing Address 6900-29 DANIELS PARKWAY PMB 125 FORT MYERS, FL 33912 US	
2. Principal Place of Business - No P.O. Box # 8121 S. Woods Circle		3. Mailing Address 8121 S Woods Circle	
Suite, Apt. #, etc. #10		Suite, Apt. #, etc. #10	
City & State Fort Myers FL		City & State Fort Myers FL	
Zip 33919		Country Lee	
6. Name and Address of Current Registered Agent MCAHON, JUDITH 6900-29 DANIELS PARKWAY PMB 125 FORT MYERS, FL 33912		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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  DATE 2/2/08 (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCAHON, JUDITH 6900-29 DANIELS PARKWAY, PMB 125 FORT MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 		Date 2/2/08 239-362-3935	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

60007391



01132008 Chg-LLC CR2E083 (12/06)

4. FEI Number
NOT-APPLICABLE Applied For
Not Applicable

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