

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000078340

**Entity Name:** THE SPICE & TEA EXCHANGE DEVELOPMENT, LLC**Current Principal Place of Business:**407 MARSHALL CIRCLE  
ST. AUGUSTINE, FL 32086**Current Mailing Address:**407 MARSHALL CIRCLE  
ST. AUGUSTINE, FL 32086 US**FEI Number: 26-3202423****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DAVIS, JEFFREY D  
2011 BAYVIEW PLACE  
INDIAN ROCKS BEACH, FL 33785 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**Authorized Person(s) Detail :**

Title	MGR
Name	THE SPICE & TEA EXCHANGE HOLDINGS, LLC
Address	407 MARSHALL CIRCLE
City-State-Zip:	ST. AUGUSTINE FL 32086

Title	VP
Name	REHLING, STEVEN M
Address	3024B COASTAL HIGHWAY
City-State-Zip:	ST. AUGUSTINE FL 32084

Title	VP
Name	FREEMAN, AMY P
Address	1624 SEABREEZE DRIVE
City-State-Zip:	TARPON SPRINGS FL 34689

Title	VP
Name	DAVIS, JEFFREY D
Address	2011 BAYVIEW PLACE
City-State-Zip:	INDIAN ROCKS BEACH FL 33785

Title	VP
Name	REHLING, PENNY L
Address	3024B COASTAL HIGHWAY
City-State-Zip:	ST. AUGUSTINE FL 32084

Title	P
Name	FREEMAN, WILLIAM C
Address	1624 SEABREEZE DRIVE
City-State-Zip:	TARPON SPRINGS FL 34689

*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 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: JEFFREY DAVIS****MANAGING PARTNER****02/11/2013**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date