

**2013 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L08000078340

**FILED  
Mar 06, 2013  
Secretary of State  
CC6471391520**

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

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

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

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

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

Title           MANAGING MEMBER  
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 MEMBER**

**03/06/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date