

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000078344

**FILED**  
**Jan 20, 2016**  
**Secretary of State**  
**CC6284987264**

**Entity Name:** THE SPICE & TEA EXCHANGE FRANCHISING, LLC

**Current Principal Place of Business:**

2708 ALT 19 N., STE 601  
PALM HARBOR, FL 34683

**Current Mailing Address:**

2708 ALT 19 N., STE 601  
PALM HARBOR, FL 34683 US

**FEI Number:** 26-3202021

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

**SIGNATURE:** MATTHEW J KESSENICH

**CONTROLLER**

**01/20/2016**

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

\_\_\_\_\_  
Date