

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000103874

**FILED**  
**Apr 27, 2015**  
**Secretary of State**  
**CC2237823931**

**Entity Name:** HOLD MY COFFEE, LLC

**Current Principal Place of Business:**

2645 EXECUTIVE PARK DRIVE  
SUITE 108  
WESTON, FL 33331

**Current Mailing Address:**

2645 EXECUTIVE PARK DRIVE  
SUITE 108  
WESTON, FL 33331 US

**FEI Number:** 46-3309889

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BARBARA H. SCHREIBMAN, ESQ.  
2645 EXECUTIVE PARK DRIVE  
SUITE 107  
WESTON, FL 33331 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 MGRM  
Name GLADSTONE, ALEXANDER S  
Address 2645 EXECUTIVE PARK DRIVE, SUITE 108  
City-State-Zip: WESTON FL 33331

Title MGRM  
Name GLADSTONE, JORDAN S  
Address 2645 EXECUTIVE PARK DRIVE, SUITE 108  
City-State-Zip: WESTON FL 33331

Title MGRM  
Name SCHREIBMAN, BARBARA H  
Address 2645 EXECUTIVE PARK DRIVE, SUITE 108  
City-State-Zip: WESTON FL 33331

Title MGRM  
Name GLADSTONE, DANIEL S  
Address 2645 EXECUTIVE PARK DRIVE, SUITE 108  
City-State-Zip: WESTON FL 33331

Title MGRM  
Name GLADSTONE, HOWARD J  
Address 2645 EXECUTIVE PARK DRIVE, SUITE 108  
City-State-Zip: WESTON FL 33331

*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:** BARBARA SCHREIBMAN

**MGRM**

**04/27/2015**

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

\_\_\_\_\_  
Date