

2014 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L13000115692

Entity Name: BARISTAS COFFEE COMPANY OF FLORIDA, LLC

Current Principal Place of Business:

40 EASTHAMPTON B
WEST PALM BEACH, FL 33417

Current Mailing Address:

335 EAST LINTON BLVD. B14
BOX 2085
DELRAY BEACH, FL 33483 US

FEI Number: 46-3613402

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JOHN B GALLAGHER, PA
2631 EAST OAKLAND PARK BOULEVARD
SUITE 201
FORT LAUDERDALE, FL 33306 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 SCHAFTLEIN, MARK
Address 335 EAST LINTON BLVD. B14
BOX 2085
City-State-Zip: DELRAY BEACH FL 33483

Title MGR
Name STECIW, TROY S
Address 335 EAST LINTON BLVD. B14
BOX 2085
City-State-Zip: DELRAY BEACH FL 33483

Title MGR
Name HENTHORN, BARRY
Address 335 EAST LINTON BLVD. B14
BOX 2085
City-State-Zip: DELRAY BEACH FL 33484

Title AMBR
Name SOUTH FLORIDA COFFEE COMPANY
LLC
Address 335 EAST LINTON BLVD. B14
BOX 2085
City-State-Zip: DELRAY BEACH FL 33483

Title AMBR
Name BARISTA COFFEE COMPANY INC
Address 411 WSAHINGTON AVE N
City-State-Zip: KENT WA 98032

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: MARK SHAFTLIN

MGR

05/29/2014

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date