

**2014 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L13000115692

**FILED**  
**Jun 12, 2014**  
**Secretary of State**  
**CC4956932852**

**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:** Yes

**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	AMBR	Title	AMBR
Name	SOUTH FLORIDA COFFEE COMPANY LLC	Name	BARISTA COFFEE COMPANY INC
Address	335 EAST LINTON BLVD. B14 BOX 2085	Address	411 WSAHINGTON AVE N
City-State-Zip:	DELRAY BEACH FL 33483	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 SCHFTLEIN - AMBR / SOUTH FLORIDA  
COFFEE COMPANY, LLC

AMBR

06/12/2014

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

\_\_\_\_\_ Date