

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 10, 2003 8:00 am**  
**Secretary of State**

01-10-2003 90006 035 \*\*\*\*50.00

**DOCUMENT # L01000005425**

1. Entity Name

**ISLAND COFFEE & GIFTS, LLC**



Principal Place of Business

**12773 W. FOREST HILL  
SUITE 102 A  
WELLINGTON FL 33414**

Mailing Address

**681 LAKE WELLINGTON DR  
WELLINGTON FL 33414**

2. Principal Place of Business

3. Mailing Address

*12773 W. Forest Hill Blvd.*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*102 A*

City & State

City & State

*Wellington FL 33414*

Zip

Country

Zip

Country

*33414 U.S.*

4. FEI Number

**65-1084433**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MILLER, THERESA A  
681 LAKE WELLINGTON DRIVE  
WELLINGTON FL 33414**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
THERESA, MILLER  
12773 W. FOREST HILL BLVD, #102A  
WELLINGTON FL 33414**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
STEVEN, MILLER  
12773 W. FOREST HILL BLVD, # 102 A  
WELLINGTON:FL 33414**

☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

**SIGNATURE:**

*SIGNATURE*

*1-6-03*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)