

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90029 045 ****50.00

0057036

DOCUMENT # L01000016639

1. Entity Name
COFFEE BUTLER, LLC



Principal Place of Business

**1407 RUPP LANE
LAKE WORTH FL 33460**

Mailing Address

**1407 RUPP LANE
LAKE WORTH FL 33460**

20023206

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **52-2343461**

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

**LIPPMAN, STEVEN N
100 NORTHEAST THIRD AVE.
SUITE 610
FT. LAUDERDALE FL 33301**

Name

R B Nichols, Sr.

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

2620 Carter Lane

City

Lake Worth

FL

Zip Code
33460

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)

1/ /2003

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
**MGR
KLASSEN, TERRY
1407 RUPP LANE
LAKE WORTH FL 33460** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director
R B Nichols, Sr.
2620 Carter Lane
Lake Worth FL 33460** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BOHERTY, PETER
1407 RUPP LANE
LAKE WORTH FL 33460** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Manager
Mark K Nichols
1407 Rupp Lane
Lake Worth FL 33460** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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 REQUIRED

1/24/2003

561-586-0558

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

Date

Daytime Phone #

CR2E083 (10/02)