UNIFORM BUSINESS REPORT (UBR)

-	- CONTESS REPORT (CD)		
DOCUMENT # L02000014154 /			
1. Entity Name	U.		O4
Cafe Bohemia, LLC	Li sugarita	S. Sandar	
Principal Place of Business	Mailing Address		SE OF
1525 4th Street	1525 4th Street		AM 10-20
Sarasota, FL 34236	Sarasota', FL 34236		· · FSI P
2. Principal Place of Business	3 Mailing Address		20 ATE
1525 4th Street	3 Mailing Address 1525 4th Street		10 4
Suite, Apt. #, etc.	Suite, Apt. #, etc.	•	// S/C
			- /(
City & State	City & State		I Number · Applied For
Sarasota, FL	Sarasota, FL	applie	ed for Not Applicable
Zip County 34236	Zip County 34236	5. Co	ertificate of Status Desired \$\bigsize \bigsize
6. Name and Address	of Current Registered Agent	7. Name ar	nd Address of New Registered Agent/Office
Name			
Monika Tran-Tomlinson		Street Address (DO Born Newsbark No. A.	
1525 4th Street		Street Address (P.O. Box Number is Not Acceptable)	
Sarasota, FL 34236		Suite, Apt. #, etc.	
Salusota, 11 3-230		Citi	7:
· .		City	FL Zip Code
8. The above named entity such	mits this statement for the purpose of o	hanging its registered	d office or registered agent, or both, in the State of
Florida.	Marika Tana Tambiasan ku E.S. a		12-10-04
SIGNATURE (Registered Agent Accepting	Monika Tran-Tomlinson by E.S. as Appointment) (NOTE: Registered Agent signature rec		DATE
	FILE NOW!!!	FEE IS \$50.00	
	Make Check Payable	•	tate
9. MANAGING MEMBERS/ME	MBERS	10. ADDITION/CHA	ANGES
TITLE MGRM NAME Monika Tran		TITLE NAME	☐ CHANGE ☐ ADDITION
STREET ADDRESS 1525 4th Stre CITY - ST - ZIP Sarasota, FL		STREET ADDRESS CITY - ST - ZIP	
TITLE	DELETE	TITI C -	□CHANGE
NAME STREET ADDRESS,	``	· · · · · · · · · · · · · · · · · · ·	d Addition □ Addition
CITY - ST - ZIP		703-200	
TITLE NAME	TATEWEN	ECOME"	CHANGE CHANGE BOOO43550578ADDITION
STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	600043550576 ^{ADDITION} 12/21/0401004018 **100.00
TITLE NAME	☐ DELETE		□CHANGE
STREET ADDRESS .		NAME STREET ADDRESS CITY - ST - ZIP	ADDITION
CITY - ST - ZIP TITLE	DELETE		□CHANGE
NAME	GOLLETE	NAME	ADDITION
STREET ADDRESS , CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
11. I hereby certify that the inform	ation supplied with this filing does not qualify	for the exemption state	d in Section 119.07(3)(i). Florida Statutes. I further certify
that the information indicated on this report is the 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 Monika Tran-Tomlinson by E.S. as attorney-in-fact 12-10-04			

L02600014154

Florida Department of State Division of Corporations 409 East Gaines Street Tallahassee, FL 32399



Enclosed are the following:

- 1. Uniform Business Report for the company referenced above.
- 2. \$100 check payable to Florida Department of State

We never received the Uniform Business Report for the following year(s) that should have been mailed to us:

2003 and 2004
Please waive the late filing fee and treat the company as never being administratively dissolved. Thank you.
By: by E.S. as attorney-in-fact
Name: Monika Tran-Tomlinson
Title: Manager
D. 12-14-14