

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90759 030 *****00.00

DOCUMENT # L02000024866

1. Entity Name
GRAND FINALE GOURMET COFFEES & DESSERTS, LLC



Principal Place of Business
**1700 EMBASSY DRIVE, #106
WEST PALM BEACH, FL 33401**

Mailing Address
**1700 EMBASSY DRIVE, #106
WEST PALM BEACH, FL 33401**

2. Principal Place of Business
905 N DIXIE HWY
Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
W. PALM BEACH FL

Zip
33401

Country
U-S-A

4. FEI Number
11-365-5653

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**JETTY, T. PAUL
1700 EMBASSY DRIVE, #106
WEST PALM BEACH, FL 33401**

7. Name and Address of New Registered Agent

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 *T. Paul Jetty* **T. PAUL Jetty, Owner** *4/22/03*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when resigning.) DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JETTY, T. PAUL 1700 EMBASSY DRIVE, #106 WEST PALM BEACH, FL 33401	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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 606, Florida Statutes.

SIGNATURE: *T. Paul Jetty* *4/22/03* *561)659-5080*
Signature AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E063 (10/02)