

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90166 002 \*\*\*138.75

<b>DOCUMENT # L03000018758</b> 1. Entity Name <b>THE COFFEE MUG LLC.</b>					
Principal Place of Business <b>37938 MERIDIAN AVE.</b> <b>DADE CITY, FL 33525 US</b>			Mailing Address <b>37938 MERIDIAN AVE.</b> <b>DADE CITY, FL 33525 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04122008    Chg-LLC    CR2E083 (12/06)	
4. FEI Number <b>56-2362150</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>YATES, THOMAS</b> <b>37620 FLORIDA AVE.</b> <b>DADE CITY, FL 33525</b>			7. Name and Address of New Registered Agent Name <b>Julie Cotton</b> Street Address (P.O. Box Number is Not Acceptable) <b>14144 6th Street</b> City <b>Dade City</b> <b>FL</b> Zip Code <b>33525</b>		
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 <u><i>Julie Cotton, CPA</i></u> DATE <u><i>4/12/2008</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		Make check payable to <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YATES, KAREN 37620 FLORIDA AVE DADE CITY, FL 33525	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TODD, ALLISON 13604 RIADA WAY DADE CITY, FL 33525	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TODD, ALLISON 13604 RIADA WAY DADE CITY, FL 33525	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TODD, ALLISON 13604 RIADA WAY DADE CITY, FL 33525	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TODD, ALLISON 13604 RIADA WAY DADE CITY, FL 33525	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TODD, ALLISON 13604 RIADA WAY DADE CITY, FL 33525	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Allison Todd</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u><i>4-14-08</i></u> Daytime Phone #		