

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90068 048 *****50.00

DOCUMENT # L03000023302

1. Entity Name
COFFEE FROM PANAMA LLC



Principal Place of Business
**1056 HOWELL BRANCH ROAD
WINTER PARK, FL 32789**

Mailing Address
**1056 HOWELL BRANCH ROAD
WINTER PARK, FL 32789**

2. Principal Place of Business
4275 VIRGINIA DR.
Suite, Apt. #, etc.

3. Mailing Address
4275 VIRGINIA DR.
Suite, Apt. #, etc.



04282004 Chg-LLC CR2E083 (10/03)

City & State
ORLANDO, FL.
Zip
32814 Country

City & State
ORLANDO, FL.
Zip
32814 Country

4. FEI Number
55-0837889

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GOLDSTEIN, SUZANNE S
1056 HOWELL BRANCH ROAD
WINTER PARK, FL 32789**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
4275 VIRGINIA DR.
City **ORLANDO** FL Zip Code **32814**

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 *Suzanne Goldstein* **SUZANNE GOLDSTEIN** 4/28/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOLDSTEIN, SUZANNE S 1056 HOWELL BRANCH ROAD WINTER PARK, FL 32789	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOLDSTEIN, HERBERT B 1056 HOWELL BRANCH ROAD WINTER PARK, FL 32789	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4275 VIRGINIA DR. ORLANDO, FL 32814
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4275 VIRGINIA DR. ORLANDO, FL 32814
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Suzanne Goldstein* **SUZANNE GOLDSTEIN** 4/28/04 407-644-9889
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #