


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 02, 2005 8:00 am**  
**Secretary of State**

03-02-2005 90016 030 \*\*\*\*50.00

<b>DOCUMENT # L03000051493</b> 1. Entity Name ESPRESSO TO GO LLC	
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Principal Place of Business 1518 HANCOCK BRIDGE PARKWAY CAPE CORAL, FL 33909 US 33990	Mailing Address 1936 NE 6TH ST CAPE CORAL, FL 33909 US
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20017071



01312005 No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 72-1576707	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent  CHURLIN, RICHARD J 1936 NE 6TH ST. CAPE CORAL, FL 33909
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**DO NOT WRITE  
IN THIS SPACE**

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>no changes</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE
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**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHURLIN, RICHARD J 1936 NE 6TH ST. CAPE CORAL, FL 33909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHURLIN, TAMMY G 1936 NE 6TH ST. CAPE CORAL, FL 33909
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**DO NOT WRITE  
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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.	
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**SIGNATURE:** Tammy Churlin 2-28-05 239-712-0221  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #