2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 02, 2005 8:00 am Secretary of State

DOCUMENT # L04000051510 1. Entity Name CRANDALL'S SMALLTOWNE ICE CREAM COFFEE SHOPPE, LLC					05-02-2005 90095 037 ****50.00			
Principal Plac	e of Business	Mailing Address			0007	- 4 0 0 4		
1616 MAGNOLIA AVE. DELAND, FL 32724		1616 MAGNOLIA AVE. Deland, fl. 32724			20051864			
B. Daineland D	None of Durings	La Mailian Address						
2. Principal Place of Business		3. Mailing Address			[[\$6 \$ 6 3 18\$	HEELI KLIII OL	JE (1) (1)
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04272005	Chg-LLC	CR2E083	(10/03)	
City & State		City & State		4. FELNUM	°Ö120692			plied For at Applicable
Zip	Country	Zip	Country	5. Certificat	e of Status Desired		5.00 Add	litional
	6. Name and Address of Current	Registered Agent		7. Name an	d Address of New Ro	egistered Ag	ent	
CRANDAL	L, DWIGHT		Name					
1616 MAG	NOLIA AVE.		Street Addre	ss (P.O. Box Num	ber is Not Acceptable)		
DELAND,	FL 32724							
			City			FL	Zip Code	
8. The above named entity submits this statement for the purpose of changing its registr			gistered office or reg	stered agent, or b	oth, in the State of Flo		niliar with,	and accept
the obligat	ions of registered agent.							
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Agent signature rec	uired when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2005					check pay Departmen			
9.	MANAGING MEMBE				į.			
TITLE		RS/MANAGERS	10.		ADDITIONS/			
	MGRM CRANDALL DWIGHT	RS/MANAGERS	TITLE		ADDITIONS/] Change	☐ Addition
NAME STREET ADDRESS	MGRM CRANDALL, DWIGHT 1616 MAGNOLIA AVE.				ADDITIONS/] Change	☐ Addition
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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.

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: Mayaret Candace MGR 4/30/05
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE 386 740 1480 Daytime Phone # Date