L05000020179

(Requestor's Name)			
(Address)			
(Áddress)			
(City/State/Zip/Phone #)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Basilloss Elias, Namo)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

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D. BRUCE
AUG 18 2010
EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	UBJECT: Colliers Coffee Ltd Co Name of Limited Liability Company		
Dear S	Sir or Madam:		
The e	nclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.	
Please	return all correspondence concerning	g this matter to the following:	
	•		
	Thomas David Allan		
	Name of Person		
	Colliers Coffee Ltd Co		
	Firm/Company	<u> </u>	
	1400 Sandnings Cir		
	1409 Sandpiper Cir		
	SANIBEL	·	
	F LMyor s FI 33957		
	City/State and Zip Code	· · ·	
		≥ 6. →	
	neterbareford@talk21.com		
E	peterbareford@talk21.cor mail address: (to be used for future annual report	notification)	
For fu	rther information concerning this mat	tter, please call:	
	Thomas David Allan	at (239) 233 5313 🖼 🔌 😈	
	Name of Person	Area Code & Daytime Telephone Nutrition	
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
	Enclosed is a check for the following	ing amount:	
	\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

INHS18 (5/08)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

ageni, or boin, in the state of Fronta.	
Name of the limited liability company:	Colliers Coffee Ltd Co
2. (a) Principal office address of limited liability company	: 1409 Sandpiper Cir
(Note: MUST BE STREET ADDRESS)	Sanibel, Fl 33957
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	
02/28/2005	L05000020179
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	
Registered Agent:	Bareford Peter
Registered Office Address:	1409 Sandpiper Cir
	Sanibel, Fl 33957
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> ;	Thomas David Allan
NEW Registered Office Address:	
(MUST BE FLORIDA STREET ADDRESS)	1409 Sandpiper Cir Sanibel ,FL33957
	Sanibel ,FL33957
If the limited liability company is not organized under the laconfirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identiliability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	orida street address of the registered office
PETER BALLORD	_
Printed or typed name of signee	
I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the provisions of all statutes relative to the provisions of and I am familiar with and accept the obligations of my post Chapter 108, F.S. Or, if this document is being filed to men address, thereby confirm that the limited liability company. Signature of Registered Agent	gree to act in this capacity. I further agree to per and complete performance of my duties, sition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.
Division of Corporations, P.O. Box 632 FILING FEE: \$2	

INHS18 (05/08)