

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90052 004 ****50.00

DOCUMENT # L05000027402

1. Entity Name
CRUCIAL CAFE, LLC



Principal Place of Business
**C/O DOUGLAS E. DICKINSON
1147 APALACHEE PARKWAY
TALLAHASSEE, FL 32301-4541**

Mailing Address
**C/O DOUGLAS E. DICKINSON
1147 APALACHEE PARKWAY
TALLAHASSEE, FL 32301-4541**

60011023



01152007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2725499	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

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

6. Name and Address of Current Registered Agent

**PIERCE, ROBERT A
227 SOUTH CALHOUN STREET
TALLAHASSEE, FL 32301-1805**

**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 _____
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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	DICKINSON, DOUGLAS E
STREET ADDRESS	310 HIGH HILL RANCH LN
CITY-ST-ZIP	TALLAHASSEE, FL 32317

TITLE	MGRM
NAME	BURTOFT, JIMMY R
STREET ADDRESS	5625 COUNTRYSIDE DR
CITY-ST-ZIP	TALLAHASSEE, FL 32311

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____