

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 06, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000029347**

1. Entity Name  
**GREENBRIER COFFEE ROASTERS LLC**



Principal Place of Business  
**650 W. JAMES LEE BLVD STE 14  
CRESTVIEW, FL 32536**

Mailing Address  
**650 W. JAMES LEE BLVD STE 14  
CRESTVIEW, FL 32536**



01092007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-2493301**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SMITH, THOMAS J  
650 W. JAMES LEE BLVD STE 14  
CRESTVIEW, FL 32536**

**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**

000000625196  
02/14/07-80065-023 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	SMITH, TIFFANY
STREET ADDRESS	76 EAST STREET
CITY-ST-ZIP	SOUTH SALEM, NY 10590
TITLE	MGRM
NAME	SMITH, THOMAS J
STREET ADDRESS	650 W. JAMES LEE BLVD STE 11
CITY-ST-ZIP	CRESTVIEW, FL 32536
TITLE	MGRM
NAME	ALI, ABDULRAHMAN H
STREET ADDRESS	230 TRISH DR
CITY-ST-ZIP	CRESTVIEW, FL 32536
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:** *Thomas J. Smith*, **THOMAS J. SMITH, 1-31-07, 850-687-8430**

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

Date

Daytime Phone #