2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000059513

1. Entity Name CAFÉ CON LECHE INTERNET CAFE LLC



FILED Feb 14, 2008 08:00 AM Secretary of State

Principal Place of Business

32 AVENUE D

APALACHICOLA, FL 32320

Mailing Address

59 AVENUE G

APALACHICOLA, FL 32320



02122008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-3612423 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SUAREZ, TAMARA 59 AVENUE G APALACHICOLA, FL 32320

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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)

FILE NOW!!! FEE 18 \$138,75 After May 1, 2008 Fee will be \$538.75

Paid check # 2088

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9.	MANAGING MEMBERS/MANAGERS
TETLE	MGRM
NAMÉ	SUAREZ, TAMARA
STREET ADDRESS	59 AVENUE G
CITY-ST-ZIP	APALACHICOLA, FL 32320
TITLE	MGRM
NAME	SUAREZ, LINDA
STREET ADDRESS	32 AVENUE D
CITY-ST-ZIP	APALACHICOLA, FL 32320
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	·
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-SI-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000828062 02/22/08-80015-012 138.75

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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: