

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90297 018 ****55.00

DOCUMENT # L05000117499

1. Entity Name

GIMMIE A BREAK COFFEE SERVICES, LLC



Principal Place of Business

138 9TH AVENUE
MULBERRY FL 33860
US

Mailing Address

P O BOX 1414
MULBERRY FL 33860
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-3905077

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIXON, DIANA
138 9TH AVENUE
MULBERRY FL 33860

Name

Street Address (P.O. Box Number is Not Acceptable)

415 CANAL Street

City

Mulberry

FL

Zip Code

33860

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

Diana Dixon DIANA DIXON

03/08/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE MGR ☐ Delete
NAME DIXON, DIANA
STREET ADDRESS 138 9TH AVENUE
CITY-ST-ZIP MULBERRY FL 33860

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS → 415 CANAL Street
CITY-ST-ZIP Mulberry, FL. 33860

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Diana Dixon* DIANA DIXON

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

03/08/06

Date

(803) 425-4914
(803) 259-4352

Daytime Phone #