

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90339 043 ****50.00

DOCUMENT # L06000023076 1. Entity Name COFFEEDREAMZ INK, LLC																													
Principal Place of Business 8419 WILLOW TREE COURT ORLANDO, FL 32836			Mailing Address 8419 WILLOW TREE COURT ORLANDO, FL 32836																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 4553 Ryan Place B																											
City & State Zip		City & State Waldorf, MD Zip 20602		Country Charles																									
4. FEI Number 04092007				Chg-LLC CR2E083 (12/06)																									
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input checked="" type="checkbox"/> Not Applicable																									
6. Name and Address of Current Registered Agent COLEMAN, YOLONDA 8419 WILLOW TREE COURT ORLANDO, FL 32836			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																										
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 <u><i>Yolonda Coleman</i></u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State																											
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">MGR</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>COLEMAN, YOLONDA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8419 WILLOW TREE COURT</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORLANDO, FL 32836</td> <td></td> </tr> </table>			TITLE	MGR	<input type="checkbox"/> Delete	NAME	COLEMAN, YOLONDA		STREET ADDRESS	8419 WILLOW TREE COURT		CITY-ST-ZIP	ORLANDO, FL 32836		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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SIGNATURE:

Yolonda Coleman

4/9/07

30.5230227

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

Date

Daytime Phone #

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.