

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000023076

Entity Name: COFFEEDREAMZ INK, LLC

FILED  
May 01, 2008  
Secretary of State

**Current Principal Place of Business:**

8419 WILLOW TREE COURT  
ORLANDO, FL 32836

**New Principal Place of Business:**

**Current Mailing Address:**

4553 RYAN PLACE  
SUITE B  
WALDORF, MD 20602

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

COLEMAN, YOLONDA  
8419 WILLOW TREE COURT  
ORLANDO, FL 32836 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: COLEMAN, YOLONDA  
Address: 8419 WILLOW TREE COURT  
City-St-Zip: ORLANDO, FL 32836

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: COLEMAN, YOLONDA  
Address: 4553 RYAN PLACE, UNIT B  
City-St-Zip: WALDORF, MD 20602

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: YOLONDA D. COLEMAN

MGR

05/01/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date