

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000023076

**FILED**  
**Aug 09, 2012**  
**Secretary of State**

**Entity Name:** COFFEEDREAMZ INK, LLC

**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:** 26-0783092      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

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

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

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  
**Name:** BODY, YOLONDA D  
**Address:** 4553 RYAN PLACE, UNIT B  
**City-St-Zip:** WALDORF, MD 20602

I hereby 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      08/09/2012

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