

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 21, 2007 8:00 am
Secretary of State

05-14-2007 90365 006 ****50.00

DOCUMENT # L06000040381 1. Entity Name FOURGEES COFFEE LOUNGE, LLC	
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Principal Place of Business 2812 TANGLEWOOD DRIVE SARASOTA, FL 34239	Mailing Address 2812 TANGLEWOOD DRIVE SARASOTA, FL 34239
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30011099



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

04302007 Chg-LLC CR2E083 (12/08)

4. FEI Number **20-4645101** Applied For
20154011099 Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MCKENZIE, LOUISE 2812 TANGLEWOOD DRIVE SARASOTA, FL 34239	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____
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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.

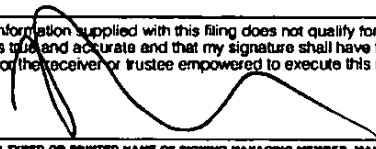
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MCKENZIE, LOUISE 2812 TANGLEWOOD DRIVE SARASOTA, FL 34239 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MCKENZIE, LEONARD 2812 TANGLEWOOD DRIVE SARASOTA, FL 34239 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

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:  **LOUISE MCKENZIE** 04/30/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

941 586 1442