

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

08-16-2007 90080 004 ****50.00

DOCUMENT # L06000063434

1. Entity Name
CAFE BEBE, LLC



Principal Place of Business
12788 INDIAN ROCKS RD.
#9 & 10
LARGO, FL 33774 US

Mailing Address
12788 INDIAN ROCKS RD
#9 & 100
LARGO, FL 33774

60054825



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

12788 Indian Rocks Rd
Suite, Apt. #, etc.
Suite 9+10

12788 Indian Rocks Rd
Suite, Apt. #, etc.
Suite 9+10

08112007 Chg-LLC CR2E083 (12/06)

City & State
Largo FL

City & State
Largo FL

4. FEI Number *20-5117036*

Applied For
Not Applicable

Zip Country
33774 U.S.

Zip Country
33774 U.S.

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

COMPARETTO, AJ
4554 CENTRAL AVE.
SUITE A
ST. PETE, FL 33710

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by September 14, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BOND, JENIFFER S
14623 SUNSET DRIVE
LARGO, FL 33774 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BOND, JUDE
14623 SUNSET DRIVE
LARGO, FL 33774 ☐ Delete

TITLE
NAME
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CITY-ST-ZIP
☐ Change ☐ Addition

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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 it 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:

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

Date

Daytime Phone #

08-10-07 727-517-2233