

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000071899

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: COFFEE HOUSE INTERNATIONAL, LLC

**Current Principal Place of Business:**

1123 OVERCASH DR  
DUNEDIN, FL 34698

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1739  
OLDSMAR, FL 34677

**New Mailing Address:**

FEI Number: 20-5229255

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SASSONE, MARTHA E CFO  
1123 OVERCASH DR  
DUNEDIN, FL 34698 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 ( ) Delete  
Name: COIA, DAVID S  
Address: 1123 OVERCASH DR  
City-St-Zip: DUNEDIN, FL 34698 US

Title: MGR ( ) Delete  
Name: COIA, DAVID SR.  
Address: 1123 OVERCASH DR  
City-St-Zip: DUNEDIN, FL 34698 US

Title: MGR ( ) Delete  
Name: COIA, RICARDO  
Address: 1123 OVERCASH DR  
City-St-Zip: DUNEDIN, FL 34698 FL

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MARTHA SASSONE

CFO

04/15/2009

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