

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000090632

**FILED**  
**Apr 30, 2008**  
**Secretary of State**

**Entity Name:** THE EXPAT COFFEE COMPANY, LLC

**Current Principal Place of Business:**

3707 NW 55TH PLACE  
GAINESVILLE, FL 32653 US

**New Principal Place of Business:**

**Current Mailing Address:**

3707 NW 55TH PLACE  
GAINESVILLE, FL 32635 US

**New Mailing Address:**

3707 NW 55TH PLACE  
GAINESVILLE, FL 32653 US

FEI Number: 20-5549746

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BOWERS, AMANDA  
3707 NW 55TH PLACE  
GAINESVILLE, FL 32653 US

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

BOWERS, AMANDA MGR  
3707 NW 55TH PLACE  
GAINESVILLE, FL 32653 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: AMANDA L BOWERS

04/30/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BOWERS, AMANDA  
Address: 3707 NW 55TH PLACE  
City-St-Zip: GAINESVILLE, FL 32653 US

Title: MGR ( ) Delete  
Name: BOWERS, BRIAN  
Address: 3707 NW 55TH PLACE  
City-St-Zip: GAINESVILLE, FL 32653 US

**ADDITIONS/CHANGES:**

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: AMANDA L BOWERS

MGR

04/30/2008

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