

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000098870

Entity Name: NATIONALCOFFEESERVICE.COM, LLC

FILED
Feb 01, 2007
Secretary of State

Current Principal Place of Business:

1536 BRIERCLIFF DRIVE
ORLANDO, FL 32806 US

New Principal Place of Business:

2 OCEAN CLUB DRIVE
AMELIA ISLAND, FL 32034 US

Current Mailing Address:

1536 BRIERCLIFF DRIVE
ORLANDO, FL 32806 US

New Mailing Address:

2 OCEAN CLUB DRIVE
AMELIA ISLAND, FL 32034 US

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHLITT, KENNETH L
749 NORTH GARLAND AVENUE
SUITE 101
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

JOEL SANDERS & COMPANY, PA
1301 SHOTGUN ROAD
WESTON, FL 33326 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: JOEL SANDERS

02/01/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LONG, ROBERT
Address: 1536 BRIERCLIFF DRIVE
City-St-Zip: ORLANDO, FL 32806 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LEACH, GLORIAN
Address: 2 OCEAN CLUB DRIVE
City-St-Zip: AMELIA ISLAND, FL 32034 US

Title: MGR () Change (X) Addition
Name: ECOM-COFFEE.COM, LLC,
Address: 2 OCEAN CLUB DRIVE
City-St-Zip: AMELIA ISLAND, FL 32034

I hereby certify that the information supplied with this filing does not qualify for the 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: GLORIAN LEACH

MGRM

02/01/2007

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