2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

FILED
Apr 30, 2008 8:00 am
Secretary of State
04-30-2008 90020 028 ***138.75

DOCUMENT # L07000012983

1. Entity Name
ONE WAY CAFE PRESS LLC

Principal Place of Business
113 WILCOX COURT
AUBURNDALE FL 33823

Mailing Address
P.O. BOX 1954
AUBURNDALE FL 33823

1st MOORE CR2E083 (10/07)

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

Suite, Apt. #, etc.

City & State
Auburndale, FL

Zip 33823 Country Polk

3. Mailing Address

Suite, Apt. #, etc

City & State

Zip Country

4. FEI Number — Applied For / ☒ Not Applicable

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

6. Name and Address of Current Registered Agent

ANDERSEN, JOCELYN
113 ~~D13~~ WILCOX COURT
AUBURNDALE FL 33823

7. Name and Address of New Registered Agent

Name Jocelyn Andersen

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

City Auburndale FL Zip Code 33823

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's signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ANDERSEN, JOCELYN	NAME	
STREET ADDRESS	113 WILCOX COURT	STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE FL 33823	CITY-ST-ZIP	
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WATKINS, PERRY	NAME	
STREET ADDRESS	113 WILCOX COURT	STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE FL 33823	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #