

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000037472

FILED  
Jan 29, 2009  
Secretary of State

**Entity Name:** TUPELO'S BAKERY & CAFE LLC

**Current Principal Place of Business:**

220 WEST WASHINGTON STREET  
MONTICELLO, FL 32344

**New Principal Place of Business:**

**Current Mailing Address:**

220 WEST WASHINGTON STREET  
MONTICELLO, FL 32344

**New Mailing Address:**

**FEI Number:** 35-2299590

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DAVIS, KIM  
220 WEST WASHINGTON STREET  
MONTICELLO, FL 32344 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: MGRM ( ) Delete  
Name: OLSON, CLAIRE  
Address: 220 WEST WASHINGTON STREET  
City-St-Zip: MONTICELLO, FL 32344

Title: MGRM ( ) Delete  
Name: DAVIS, KIM  
Address: 220 WEST WASHINGTON STREET  
City-St-Zip: MONTICELLO, FL 32344

**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: CLAIRE OLSON

MGRM

01/29/2009

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