

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000043514

FILED
Apr 22, 2008
Secretary of State

Entity Name: LAVALICIOUS COFFEE COMPANY, LLC.

Current Principal Place of Business:

104 LONG LEAF LANE
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

175 EAST ALTAMONTE DRIVE
SUITE 1030
ALTAMONTE SPRINGS, FL 32701 US

Current Mailing Address:

104 LONG LEAF LANE
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

175 EAST ALTAMONTE DRIVE
SUITE 1030
ALTAMONTE SPRINGS, FL 32701 US

FEI Number: 20-8907859

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLINS, JEFFREY
104 LONG LEAF LANE
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

COLLINS, MARY
104 LONG LEAF LANE
ALTAMONTE SPRINGS, FL 32714 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: MARY C COLLINS

04/22/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: COLLINS, JEFFREY
Address: 104 LONG LEAF LANE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: MGRM () Delete
Name: COLLINS, MARY
Address: 104 LONG LEAF LANE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 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: MARY C COLLINS

MGRM

04/22/2008

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