## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## 508220900880 7/30/2008-90009-012-\$138.75-\$138.75

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## DOCUMENT # L07000053280 FILED SECRETARY OF STATE 1. Entity Name COOL BEANS TOO, LLC CIVISION OF CORPORATIONS 08 OCT -3 AMII: 48 Principal Place of Business Mailing Address 4311 70TH ST CIR EAST 4311 70TH ST CIR EAST PALMETTO, FL 34221 US PALMETTO, FL 34221 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 07232008 Cha-LLC CR2E083 (12/06) 4. FEI Number City & State City & State Applied For 26-0196521 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent - -GAY, JIM Street Address (P.O. Box Number is Not Acceptable) 3984 E SR 64 BRADENTON, FL 34208 Zio Code 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. (NOTE: Registered Agent signature required when reinstating) e of registered agent and title if applicable. FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE ☐ Defete MLE ☐ Change Addition NAME BECK, WERNER -NAME 4311 70TH ST CIR EAST STREET ADVORESS STREET ADDRESS PALMETTO, FL 34211 CITY-ST-ZIP CITY-ST-ZIP MGR TITLE ☐ Delete TITLE ☐ Change ☐ Addition MAME BECK, URSULA NAME STREET ADDRESS 4311 70TH ST CIR E STREET ADDRESS CITY-ST-ZIP PALMETTO, FL 34221 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIFLE ☐ Detete TITLE ☐ Change ☐ Addition NUME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TILLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-7P 11. It hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. If 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 AND TYPED OR PRINTED NAME OF BIGNING NAMAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE