

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000056326

FILED
Nov 03, 2008
Secretary of State

Entity Name: COFFEE ROASTERS OF FLORIDA, LLC

Current Principal Place of Business:

9965 SAN JOSE BLVD., SUITE 48
JACKSONVILLE, FL 32257

New Principal Place of Business:

Current Mailing Address:

9965 SAN JOSE BLVD., SUITE 48
JACKSONVILLE, FL 32257

New Mailing Address:

FEI Number: 26-0214506

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOUNTAIN, DONALD A
8762 PERIMETER PARK BLVD.
JACKSONVILLE, FL 32216 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: DONALD A. FOUNTAIN

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HEINRICH, ROBERT WAYNE
Address: 10696 QUAIL RIDGE DRIVE
City-St-Zip: PONTE VEDRA, FL 32081

Title: MGR () Delete
Name: CALVIN ADAMS, JAMES
Address: 12655 DUNRAVEN TRAIL
City-St-Zip: JACKSONVILLE, FL 32223

Title: MGR () Delete
Name: KENNEDY, D. SCOTT
Address: 4819 WETHERSFIELD PLACE W
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JAMES C. ADAMS

MGR

11/03/2008

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