2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 11, 2008 8:00 am
Secretary of State
07-14-2008 90098 037 ***138.00
08-11-2008 90027 044 *****5.75

DOCUMENT # L07000056672

1. Entity Name
COFFIE & COFFIE LLC

....5000925 1

Principal Place of Business	Mailing Address
34 N.E. AVE. H BELLE GLADE, FL 33430	256 S.W. AVE B BELLE GLADE, FL 33430

07092008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
256 S. W Ave B	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Belle Glade Fl	City & State
Zip: 33430 Country: US	Zip Country

4. FEI Number: 26-0254430 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COFFIE, CLOVER SR 256 S.W. AVE. B BELLE GLADE, FL 33430	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip 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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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**

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM COFFIE, CLOVER SR 34 N.E. AVE H BELLE GLADE, FL 33430	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR COFFIE, CLOVER JR 4906 FERN LAKE SAN ANTONIA, TX 78244	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Demorio D. Coffie 1501 NW Ave F Belle Glade FL 33430	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____ 8/10/08 561-996-6050
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #