

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000056672

Entity Name: COFFIE & COFFIE LLC

**FILED**  
**Mar 20, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

256 S.W. AVE B  
BELLE GLADE, FL 33430

**New Principal Place of Business:**

**Current Mailing Address:**

256 S.W. AVE B  
BELLE GLADE, FL 33430

**New Mailing Address:**

FEI Number: 26-0254430

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

COFFIE, CLOVER SR  
256 S.W. AVE. B  
BELLE GLADE, FL 33430 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  
Name: COFFIE, CLOVER SR  
Address: 34 N.E. AVE H  
City-St-Zip: BELLE GLADE, FL 33430

Title: MGR  
Name: COFFIE, CLOVER JR  
Address: 4906 FERN LAKE  
City-St-Zip: SAN ANTONIA, TX 78244

Title: MGRM  
Name: COFFIE, DEBORAH B  
Address: 34 NORTH EAST AVENUE H  
City-St-Zip: BELLE GLADE, FL 33430

Title: MGR  
Name: COFFIE, DEMARIO  
Address: 1501 N W AVE. F  
City-St-Zip: BELLE GLADE, FL 33430

I hereby 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: CLOVER COFFIE

MGR

03/20/2012

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