

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90019 016 \*\*\*138.75

|   |  |                                 |   |  |  |
|---|--|---------------------------------|---|--|--|
| <b>DOCUMENT # L07000088308</b>  |  |                                 |   |  |  |
| <b>1. Entity Name</b><br>CASTAWAY COFFEE ROASTERS, LLC.   |  |                                 |   |  |  |
| <b>Principal Place of Business</b><br>8037 BRIARCREEK RD E<br>TALLAHASSEE, FL 32312   |  |                                 | <b>Mailing Address</b><br>8037 BRIARCREEK RD E<br>TALLAHASSEE, FL 32312 |  |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>   |  | <b>3. Mailing Address</b>       |   |  |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.             |   |  |  |
| City & State  |  | City & State                    |   | <b>4. FEI Number</b>   |  |
| Zip   |  | Country                         |   | Zip  |  |
| Country   |  | Country                         |   | 04302008    Chg-LLC    CR2E083 (12/06)                             |  |
| <b>6. Name and Address of Current Registered Agent</b>  |  |                                 |   | <b>7. Name and Address of New Registered Agent</b>                 |  |
| CASTANO, GERARDO<br>8037 BRIARCREEK RD E<br>TALLAHASSEE, FL 32312   |  |                                 |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |
| FL  |  |                                 |   | Zip Code   |  |
| <b>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.</b>  |  |                                 |   |  |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)  |  |                                 |   |  |  |
| DATE _____  |  |                                 |   |  |  |
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b>   |  |                                 |   | Make check payable to<br>Florida Department of State               |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |  |                                 | <b>10. ADDITIONS/CHANGES</b>  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>CASTANO, GERARDO<br>8037 BRIARCREEK RD E<br>TALLAHASSEE, FL 32312     | <input type="checkbox"/> Delete |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>CASTANO, CHRISTINA M<br>8037 BRIARCREEK RD E<br>TALLAHASSEE, FL 32312 | <input type="checkbox"/> Delete |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete |   |  |  |
| <b>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.</b> |  |                                 | SIGNATURE:  |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |  |                                 | Date: 4/30/2008    850-508-6783   |  |  |