2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 02, 2009
Secretary of State

DOCUMENT# L08000002232

Entity Name: AROMA DEL CAFE LLC.

Current Principal Place of Business:

499 N. STATE ROAD 434
1075
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

5207 LEMON TWIST LN
WINDERMERE, FL 34786 US

Current Mailing Address:

5207 LEMON TWIST LANE
WINDERMERE, FL 34786 US

New Mailing Address:

5207 LEMON TWIST LN
WINDERMERE, FL 34786 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

NUNEZ, ADRIA K
5207 LEMON TWIST LANE
WINDERMERE, FL 34786 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 ( ) Delete
Name: NUNEZ, ADRIA K
Address: 5207 LEMON TWIST LN
City-St-Zip: WINDERMERE, FL 34786 US

Title: MGRM ( ) Delete
Name: PEREZ, NIDIA A
Address: 5207 LEMON TWIST LN
City-St-Zip: WINDERMERE, FL 34786 US

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: PEREZ, NIDIA
Address: 5207 LEMON TWIST LN
City-St-Zip: WINDERMERE, FL 34786 US

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: ADRIA NUNEZ MGRM 06/02/2009

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