

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000078333

FILED
Jan 04, 2012
Secretary of State

Entity Name: THE SPICE & TEA EXCHANGE DISTRIBUTION, LLC

Current Principal Place of Business:

407 MARSHALL CIRCLE
ST. AUGUSTINE, FL 32086 US

New Principal Place of Business:

Current Mailing Address:

407 MARSHALL CIRCLE
ST. AUGUSTINE, FL 32086 US

New Mailing Address:

FEI Number: 26-3201978

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEBER, SCOTT P
100 S ASHLEY DRIVE
SUITE 1900
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

DAVIS, JEFFREY D
2011 BAYVIEW PLACE
INDIAN ROCKS BEACH, FL 33785 US

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: JEFFREY DAVIS

01/04/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: THE SPICE & TEA EXCHANGE HOLDINGS, LLC
Address: 407 MARSHALL CIRCLE
City-St-Zip: ST. AUGUSTINE, FL 32086 US

Title: VP
Name: DAVIS, JEFFREY D
Address: 2011 BAYVIEW PLACE
City-St-Zip: INDIAN ROCKS BEACH, FL 33785 US

Title: P
Name: REHLING, STEVEN M
Address: 3024B COASTAL HIGHWAY
City-St-Zip: ST. AUGUSTINE, FL 32084 US

Title: P
Name: REHLING, PENNY L
Address: 3024B COASTAL HIGHWAY
City-St-Zip: ST. AUGUSTINE, FL 32084 US

Title: VP
Name: FREEMAN, AMY P
Address: 1624 SEABREEZE DRIVE
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: VP
Name: FREEMAN, WILLIAM C
Address: 1624 SEABREEZE DRIVE
City-St-Zip: TARPON SPRINGS, FL 34689 US

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: JEFFREY DAVIS

VP

01/04/2012

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