

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000092905

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: FULL OF BEANS COFFEE COMPANY, LLC.

**Current Principal Place of Business:**

6016 W. FARKAS RD.  
PLANT CITY, FL 33567

**New Principal Place of Business:**

**Current Mailing Address:**

6016 W. FARKAS RD.  
PLANT CITY, FL 33567

**New Mailing Address:**

FEI Number: 26-3509226

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ANDREASEN, ALLAN  
3925 MOORES LAKE ROAD  
DOVER, FL 33527 US

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

ANDREASEN, ALLAN  
5517 VAN DYKE ROAD  
LUTZ, FL 33558 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: ALLAN ANDREASEN

04/27/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: COLLIGAN, SHAWN  
Address: 6016 N. FARKAS RD.  
City-St-Zip: PLANT CITY, FL 33567

Title: MGR ( ) Delete  
Name: COLLIGAN, KAREN  
Address: 6016 N. FARKAS RD.  
City-St-Zip: PLANT CITY, FL 33567

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: COLLIGAN, SHAWN  
Address: 6016 W. FARKAS RD.  
City-St-Zip: PLANT CITY, FL 33567

Title: MGR (X) Change ( ) Addition  
Name: COLLIGAN, KAREN  
Address: 6016 W. FARKAS RD.  
City-St-Zip: PLANT CITY, FL 33567

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: SHAWN COLLIGAN

MR

04/27/2009

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