

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000002725

Entity Name: CAFE AMAPOLA, LLC

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

481 B JOHN SIMS PARKWAY  
VALPARAISO, FL 32578

**New Principal Place of Business:**

**Current Mailing Address:**

272 ECHO CIRCLE  
FORT WALTON BEACH, FL 32548 62

**New Mailing Address:**

FEI Number: 26-4005028

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KOPF, URSULA G  
272 ECHO CIRCLE  
FORT WALTON BEACH, FL 32548 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: KOPF, URSULA G  
Address: 272 ECHO CIRCLE  
City-St-Zip: FORT WALTON BEACH, FL 32548 US

Title: MGRM  
Name: KOPF, RICHARD W  
Address: 272 ECHO CIRCLE  
City-St-Zip: FORT WALTON BEACH, FL 32548 US

Title: MGRM  
Name: PELEGRINA, JOEL  
Address: 272 ECHO CIRCLE  
City-St-Zip: FORT WALTON BEACH, FL 32548 US

Title: MGRM  
Name: SLEIGH, KRISTY P  
Address: 272 ECHO CIRCLE  
City-St-Zip: FORT WALTON BEACH, FL 32548 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: KRISTY P SLEIGH

MGRM

04/30/2012

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