

L090000 75872

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

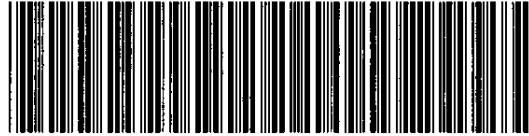
(Business Entity Name)

(Document Number)

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*5/11/10*  
E. DENNARD

**Malave, Erin**

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**From:** Seidel, Marijke V [mseidel@paychex.com]  
**Sent:** Wednesday, May 05, 2010 7:17 PM  
**To:** CorpAddressChange  
**Subject:** EIN update for Sunbiz.org

**Attachments:** Scan001.PDF



Scan001.PDF  
(157 KB)

*Good afternoon,*

**L09000075872**

*A current client of ours asked me to forward this IRS information to you.*

*Apparently the EIN# has never been updated on Sunbiz, so could you please use the supporting information to enter in their: FEI/EIN Number?*

*They just submitted their DR-1 online application today, and they did not want the missing FEI/EIN Number, to hold up getting a SUI Acct#.*

*If you have any questions, please feel free to call me or the client.*


*Client Contact: Christopher Brown Tel# 386-257-2326 ext. 223*

*Thank you for your time.*

*Marijke Seidel  
Paychex Inc  
Sales Assistant  
Tel # 800-532-4980 ext. 22750  
Fax # 877-884-0645*

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<a href="#">Previous on List</a>	<a href="#">Next on List</a>	<a href="#">Return To List</a>	<a href="#">Entity Name Search</a>		
<a href="#">No Events</a>	<a href="#">No Name History</a>	<input type="button" value="Submit"/>			
<b><u>Detail by Entity Name</u></b>					
<b><u>Florida Limited Liability Company</u></b>					
COFFEE GROUP LLC					
<b><u>Filing Information</u></b>					
Document Number L09000075872					
FEI/EIN Number NONE					
Date Filed 08/06/2009					
State FL					
Status ACTIVE					
<b><u>Principal Address</u></b>					
2200 WEST ISB SUITE 1 DAYTONA BEACH FL 32114 US					
<b><u>Mailing Address</u></b>					
2200 WEST ISB SUITE 1 DAYTONA BEACH FL 32114 US					
<b><u>Registered Agent Name &amp; Address</u></b>					
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301 US					
<b><u>Manager/Member Detail</u></b>					
<b><u>Name &amp; Address</u></b>					
Title MGRM					
BROWN, CHRISTOPHER W 2200 WEST ISB, SUITE 1 DAYTONA BEACH FL 32114 US					
<b><u>Annual Reports</u></b>					
No Annual Reports Filed					
<b><u>Document Images</u></b>					
08/06/2009 -- Florida Limited Liability <input type="button" value="View image in PDF format"/>					
<div>Note: This is not official record. See documents if question or conflict.</div>					
<a href="#">Previous on List</a>	<a href="#">Next on List</a>	<a href="#">Return To List</a>	<a href="#">Entity Name Search</a>		

EIN # 27-0737952

0039-17002870

TAXPAY®

10001

Form **941 for 2009: Employer's QUARTERLY Federal Tax Return**  
(Rev. January 2009) Department of the Treasury - Internal Revenue Service

950109

OMB No. 1545-0029

(EIN) Employer identification number	2	7	-	0	7	3	7	9	5	2
Name (not your trade name)	COFFEE GROUP LLC									
Trade name (if any)										
Address	2200 WEST ISB									
	DAYTONA BEACH									
	FL									
	32114									
	City State ZIP code									

**Report for this Quarter of 2009  
(Check one.)**

- ☐ 1: January, February, March  
☐ 2: April, May, June  
☐ 3: July, August, September  
☒ 4: October, November, December

Read the separate instructions before you complete Form 941. Type or print within the boxes.

**Part 1: Answer these questions for this quarter.**

1 Number of employees who received wages, tips, or other compensation for the pay period including Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), Dec. 12 (Quarter 4)	1	0
2 Wages, tips, and other compensation	2	1396.15
3 Income tax withheld from wages, tips, and other compensation	3	61.21
4 If no wages, tips, and other compensation are subject to social security or Medicare tax		<input type="checkbox"/> Check and go to line 6.
5 Taxable social security and Medicare wages and tips:		
5a Taxable social security wages	Column 1	Column 2
	1396.15	173.12
5b Taxable social security tips		
5c Taxable Medicare wages & tips	1396.15	40.49
5d Total social security and Medicare taxes (Column 2, lines 5a + 5b + 5c = line 5d).	5d	213.61
6 Total taxes before adjustments (lines 3 + 5d = line 6)	6	274.82
7 CURRENT QUARTER'S ADJUSTMENTS, for example, a fractions of cents adjustment. See the instructions.		
7a Current quarter's fractions of cents		01
7b Current quarter's sick pay		
7c Current quarter's adjustments for tips and group-term life insurance		
7d TOTAL ADJUSTMENTS. Combine all amounts on lines 7a through 7c	7d	01
8 Total taxes after adjustments. Combine lines 6 and 7d.	8	274.83
9 Advance earned income credit (EIC) payments made to employees	9	
10 Total taxes after adjustment for advance EIC (line 8 - line 9 = line 10)	10	274.83
11 Total deposits for this quarter, including overpayment applied from a prior quarter and overpayment applied from Form 941-X or Form 944-X.		274.83
12a COBRA premium assistance payments (see instructions).		
12b Number of individuals provided COBRA premium assistance reported on line 12a		
13 Add lines 11 and 12a	13	274.83
14 Balance due. If line 10 is more than line 13, write the difference here. For information on how to pay, see the instructions.	14	
15 Overpayment. If line 13 is more than line 10, write the difference here.		

Check one ☐ Apply to next return.  
☒ Send a refund.

▶ You **MUST** complete both pages of Form 941 and **SIGN** it.

For Privacy Act and Paperwork Reduction Act Notice, see the back of the Payment Voucher.

**Next →**  
Form **941** (Rev. 1-2009)

### IRS Verification Form

\*\*\*Form must be accompanied by a completed 8821\*\*\*

IRS EE Name: Mr. HEIEL

IRS EE Badge ID #: 100130064

Client's EIN: COFFEE Group LLC

Client's Legal Name: 270737952

Client's Legal Address: 2200 WEST FSB

Daytona Beach, FL 32114

Sales Rep: SEAN M WOOD

Signature: Sean M Wood

Verification Date: 10-26-09

Verification Time: 4:00 pm