

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90257 047 ****50.00

DOCUMENT # M98000000369

1. Entity Name
TORREFAZIONE ITALIA LLC

Principal Place of Business
**C/O SEATTLE COFFEE COMPANY
 SIX CONCOURSE PARKWAY, SUITE 1700
 ATLANTA GA 30328**

Mailing Address
**C/O SEATTLE COFFEE COMPANY
 SIX CONCOURSE PARKWAY, SUITE 1700
 ATLANTA GA 30328**

2. Principal Place of Business

3. Mailing Address

PO Box BH001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
San Antonio, TX

4. FEI Number **91-1895026**

Applied For
 Not Applicable

Zip

Country

Zip

Country

78201 USA

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MBR** ☐ Delete
 NAME **SEATTLE COFFEE COMPANY**
 STREET ADDRESS **SIX CONCOURSE PARKWAY, SUITE 1700**
 CITY-ST-ZIP **ATLANTA GA 30328**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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 CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE REQUIRED

Dickey May 4/25/02 207375770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)