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**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

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

05-22-2002 90254 030 ****50.00

DOCUMENT # M99000000303

1. Entity Name

SEAHIE'S BEST COFFEE, LLC

DO NOT WRITE IN THIS SPACE

967571

2. Principal Place of Business

6 CONOURSE PKY

Suite, Apt. #, etc.

STE 1700

3. Mailing Address

PO BOX BH001

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Atlanta, GA

City & State

SAN ANTONIO, TX

4. FEI Number

911895025

Applied For

Not Applicable

Zip

30328

Country

USA

Zip

78201

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name CORPORATION SVC. Co.

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

1201 HAYS ST

City

Tallahassee

FL

Zip Code

32301

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IN THIS SPACE**

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.

DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MBR
SEAHIE COFFEE CO
6 CONOURSE PKY, STE 1700
Atlanta, GA 30328

TITLE
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IN THIS SPACE**

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

DICKEY MAY

Date

4/25/02

Daytime Phone #

2107375770

CR2E083B (12/01)