


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90032 012 ***138.75

DOCUMENT # L07000124163
 1. Entity Name
 YELLOW DOTS, L.L.C.




Principal Place of Business Mailing Address
 6757 NW 189TH TERRACE 6757 NW 189TH TERRACE
 MIAMI, FL 33015 MIAMI, FL 33015

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 NOT APPLICABLE NOT APPLICABLE
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

60034403

 02112008 Chg-LLC CR2E083 (12/06)
 4. FEI Number 26-1845533 Applied For Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 GREEN, RONNI SUE
 9050 PINES BOULEVARD, STE 359
 PEMBROKE PINES, FL 33024

7. Name and Address of New Registered Agent
 Name GREEN, RONNI SUE
 Street Address (P.O. Box Number is Not Acceptable) 9050 PINES BOULEVARD, STE 359
 PEMBROKE PINES
 City FL Zip Code 33024

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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE GREEN, RONNI SUE DATE 4/21/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILLIAMS, MAUREEN 6757 NW 189TH TERRACE MIAMI, FL 33015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Maureen Williams DATE: 4/21/08 DAYTIME PHONE #: 786-537-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE