

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000024414

**Entity Name:** TRUE LIGHT YOGA, LLC

**Current Principal Place of Business:**

177 SURFSIDE AVENUE  
ST AUGUSTINE, FL 32084

**Current Mailing Address:**

177 SURFSIDE AVENUE  
ST AUGUSTINE, FL 32084 US

**FEI Number:** 27-2123293

**Certificate of Status Desired:** No

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

JONES, DAWN  
177 SURFSIDE AVENUE  
ST AUGUSTINE, FL 32084 US

*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

**Authorized Person(s) Detail :**

Title MGRM  
Name JONES, DAWN  
Address 105 WEST BRAINERD STREET  
City-State-Zip: PENSACOLA FL 32501

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DAWN JONES

MGRM

01/09/2014

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date