

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000023430

**Entity Name:** BAD YOGI LLC

**Current Principal Place of Business:**

12157 W. LINEBAUGH AVE  
UNIT 337  
TAMPA, FL 33626

**Current Mailing Address:**

12157 W. LINEBAUGH AVE  
UNIT 337  
TAMPA, FL 33626 US

**FEI Number:** 46-5048284

**Certificate of Status Desired:** No

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

EDWARDS, THIBAUD ADRIEN  
12157 W. LINEBAUGH AVE  
UNIT 337  
TAMPA, FL 33626 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:** THIBAUD ADRIEN EDWARDS

04/12/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name EDWARDS, THIBAUD ADRIEN  
Address 12157 W. LINEBAUGH AVE  
UNIT 337  
City-State-Zip: TAMPA FL 33626

Title MGR  
Name MOTZENBECKER, ERIN  
Address 12157 W. LINEBAUGH AVE  
UNIT 337  
City-State-Zip: TAMPA FL 33626

*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:** THIBAUD ADRIEN EDWARDS

OWNER

04/12/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date