

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000172249

**Entity Name:** YOUR STORY FOR YOU, LLC

**Current Principal Place of Business:**

1107 W MARION AVE STE 115  
PUNTA GORDA, FL 33950

**Current Mailing Address:**

PO BOX 512165  
PUNTA GORDA, FL 33951 US

**FEI Number:** 81-4273721

**Certificate of Status Desired:** No

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

LORAH, GEOFFREY L  
1107 W MARION AVE STE 115  
PUNTA GORDA, FL 33950 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            AMBR  
Name            FEINBERG, CHRISTINA  
Address        PO BOX 512165  
City-State-Zip: PUNTA GORDA FL 33951

*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:** CHRISTINA FEINBERG

AMBR

04/24/2017

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

\_\_\_\_\_  
Date