

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000188377

**Entity Name:** TEMPORARILY YOURS, LLC

**Current Principal Place of Business:**

1501 SE DECKER AVENUE  
SUITE 506  
STUART, FL 34994

**Current Mailing Address:**

1501 SE DECKER AVENUE  
SUITE 506  
STUART, FL 34994 US

**FEI Number:** 81-4127638

**Certificate of Status Desired:** No

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

WILLIAMSON, JENNIFER L ESQ.  
759 SW FEDERAL HIGHWAY  
SUITE 106  
STUART, FL 34994 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 MGR  
Name CARROLL, KATHLEEN A  
Address 3339 CORNELL AVENUE  
City-State-Zip: PALM CITY FL 34990

Title MGR  
Name YOCHUM, LORITA S  
Address 4586 SW HAMMOCK CREEK DRIVE  
City-State-Zip: PALM CITY FL 34990

*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:** LORITA S YOCHUM

**MANAGER**

**03/06/2017**

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

\_\_\_\_\_  
Date