| Current Mai            | ling Address:                                               |                                |                                           |            |
|------------------------|-------------------------------------------------------------|--------------------------------|-------------------------------------------|------------|
|                        | POINTE PARKWAY STE15<br>FL 32819 US                         |                                |                                           |            |
| FEI Number: 36-4939100 |                                                             |                                | Certificate of Status Desired: No         |            |
| Name and A             | ddress of Current Registered Agent:                         |                                |                                           |            |
|                        | AL DIVISION BY LARSON LLC<br>INTE PARKWAY STE15<br>32819 US |                                |                                           |            |
| The above named        | l entity submits this statement for the purpose of changing | its registered office or regis | tered agent, or both, in the State of Flo | orida.     |
| SIGNATURE              | CAROLINE G LARSON                                           |                                |                                           | 01/07/2021 |
|                        | Electronic Signature of Registered Agent                    |                                |                                           | Date       |
| Authorized             | Person(s) Detail :                                          |                                |                                           |            |
| Title                  | MANAGER                                                     | Title                          | MANAGER                                   |            |
| Name                   | BUCCI MUOIO, JOSE CARLOS                                    | Name                           | BONFIGLIOLI MUOIO, BRUNO                  |            |
| Address                | 7901 KINGSPOINTE PARKWAY STE 15                             | Address                        | 7901 KINGSPOINTE PARKWAY                  | Y STE 15   |
| City-State-Zip:        | ORLANDO FL 32819                                            | City-State-Zip:                | ORLANDO FL 32819                          |            |
| Title                  | MANAGER                                                     |                                |                                           |            |
| Name                   | BONFIGLIOLI MUOIO, RENATO                                   |                                |                                           |            |
| Address                | 7901 KINGSPOINTE PARKWAY STE 15                             |                                |                                           |            |
| City-State-Zip:        | ORLANDO FL 32819                                            |                                |                                           |            |

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: JOSE CARLOS BUCCI MUOIO

Electronic Signature of Signing Authorized Person(s) Detail

MGR

Date

## FILED Jan 07, 2021 Secretary of State 4620124226CC

## 2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000290909

## Entity Name: YOGA LLC

## **Current Principal Place of Business:**

7901 KINGSPOINTE PARKWAY STE 15 ORLANDO, FL 32819