

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000011186

1. Entity Name
YOGI PHARMACY, LLC

FILED

01 APR -6 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
5380 GULF OF MEXICO DR., BLDG. 4, UNIT 101 5380 GULF OF MEXICO DR., BLDG. 4, UNIT 101
LONGBOAT KEY FL 34228 LONGBOAT KEY FL 34228



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business *5380 Gulf of Mexico Dr.* 3. Mailing Address *Same*
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State *Longboat Key FL* City & State

Zip *34228* Country *US* Zip Country

4. FEI Number *65-1039610* Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PATEL, KETAN
5380 GULF OF MEXICO DR., BLDG. 4, UNIT 101
LONGBOAT KEY FL 34228

Name
Street Address (P.O. Box Number is Not Acceptable)
City *FL* Zip Code

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS	<i>MANAGER KETAN PATEL</i>	
CITY-ST-ZIP			CITY-ST-ZIP	<i>5380 Gulf of Mexico Dr. 101</i>	
				<i>Longboat Key FL 34228</i>	
TITLE		<input type="checkbox"/> Delete	TITLE	<i>MANAGER</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	<i>DEVAN PATEL</i>	
STREET ADDRESS			STREET ADDRESS	<i>5380 Gulf of Mexico Dr. 101</i>	
CITY-ST-ZIP			CITY-ST-ZIP	<i>Longboat Key FL 34228</i>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE 3/26/07 Date 941-387-9880 Daytime Phone #

0041775

CR2E083 (11/00)