

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90184 007 ****50.00

DOCUMENT # L00000011186

1. Entity Name
YOGI PHARMACY, LLC

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**

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1039610**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|---|---------------------------------|--|---|
| MGR PATEL, KETAN 5380 GULF OF MEXICO DR., #101 LONGBOAT KEY FL 34228 | | | |
| MGR PATEL, DEVAN 5380 GULF OF MEXICO DR., #101 LONGBOAT KEY FL 34228 | | | |
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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 of Devan Patel)
SIGNATURE OF (DEVAN PATEL)

02-07-02 941-387-5880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)