

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000002607

Entity Name: THE YOAKAM GROUP, LLC

FILED  
Apr 23, 2008  
Secretary of State

**Current Principal Place of Business:**

1940 THOMASVILLE ROAD  
TALLAHASSEE, FL 32303

**New Principal Place of Business:**

**Current Mailing Address:**

1940 THOMASVILLE ROAD  
TALLAHASSEE, FL 32303

**New Mailing Address:**

FEI Number: 59-3708418

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LAGER, THOMAS W ESQ.  
2900 EAST PARK AVE., STE. B  
TALLAHASSEE, FL 32301 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: YOAKAM, SHAWN  
Address: 2017 TRESPCOTT DRIVE  
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGRM ( ) Delete  
Name: YOAKAM, KRISTIN  
Address: 2017 TRESPCOTT DRIVE  
City-St-Zip: TALLAHASSEE, FL 32308

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: YOAKAM, SHAWN  
Address: 1940 THOMASVILLE ROAD  
City-St-Zip: TALLAHASSEE, FL 32303

Title: MGRM (X) Change ( ) Addition  
Name: YOAKAM, KRISTIN  
Address: 1940 THOMASVILLE  
City-St-Zip: TALLAHASSEE, FL 32303

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: KRISTIN YOAKAM

MRS.

04/23/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date