

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 22, 2003 8:00 am**  
**Secretary of State**

09-08-2003 90078 005 \*\*\*\*50.00

**DOCUMENT # L02000029107**

1. Entity Name

**YO-ANN ENTERPRISES LLC**



Principal Place of Business

**4429 WEST WYOMING AVE.  
TAMPA FL 33616**

Mailing Address

**4429 WEST WYOMING AVE.  
TAMPA FL 33616**

**55056931**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**56-2301219**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BAMBERGER, DAVID H  
4429 WEST WYOMING AVE.  
TAMPA FL 33616**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**  
**Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
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CITY-ST-ZIP

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TITLE  
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☐ Change

☐ Addition

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CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
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CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

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:

*David H. Bamberger*  
**DAVID H. BAMBERGER**

Date

Daytime Phone #

**9/5/03 813-831-0243**

CR2E083 (4/03)

Attachment #  
55050931  
L020000029107  
YO-ANN Enterprises LLC  
4429 West Wyoming Avenue  
Tampa, FL 33616

September 15, 2003

Florida Department of State  
Division of Corporations  
P.O. Box 6478  
Tallahassee, FL 32314

Gentlemen:

I am returning herewith your letter dated September 10, 2003. The Company has no Managing Members or Managers, as called for by the Annual Report Form. The officers of the Company are: David H. Bamberger, President & Secretary, and Anelia P. Bamberger, Executive Vice President & Secretary, both residing at the above address.

Sincerely yours,



David H. Bamberger