

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 16, 2006 8:00 am
Secretary of State

05-16-2006 90272 001 ***150.00

DOCUMENT # L03000010351

1. Entity Name

PLANET YELLOW PAGE, L.L.C.



Principal Place of Business

4575 VIA ROYALE
SUITE 201

FORT MYERS, FL 33919 US

Mailing Address

4575 VIA ROYALE
SUITE 201

FORT MYERS, FL 33919 US

DO NOT WRITE IN THIS SPACE



05082006No Chg-LLC

CR2E083 (11/05)

4. FEI Number

14-1876539

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SKLORENKO, MICHAEL J
4575 VIA ROYALE
SUITE 201
FORT MYERS, FL 33919

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IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|----------------------|
| TITLE | MGR |
| NAME | SKLORENKO, MICHAEL J |
| STREET ADDRESS | 2521 SE 19TH PLACE |
| CITY- ST- ZIP | CAPE CORAL, FL 33904 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
| TITLE | |
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| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #