


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90432 018 ****50.00

DOCUMENT # L03000015628 1. Entity Name YOYODINE MOTIONS, LLC					
Principal Place of Business 1105 NORTH FEDERAL HWY BOYNTON BEACH, FL 33435			Mailing Address 1105 NORTH FEDERAL HWY BOYNTON BEACH, FL 33435		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 205 Ranchitos Road Suite, Apt. #, etc.			
City & State Zip Country		City & State Taos Nm Zip Country 87571 USA		4. FEI Number NOT APPLICABLE Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				02162007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent WINTZER, WILLIAM R 1105 NORTH FEDERAL HWY BOYNTON BEACH, FL 33435			7. Name and Address of New Registered Agent Name: Gaudi Morick Street Address (P.O. Box Number is Not Acceptable): 1105 North Federal Hwy City: Boynton Beach FL Zip Code: 33435		
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: <u>Gaudi Morick</u> DATE: <u>3/20/07</u> <small>Signatures, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOODYEAR, KIM 125 LA POSTA RD. TAOS, NM 87571 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Thomas E Worrell Jr 1105 N Federal Hwy Boynton Beach FL 33435 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gloria Foellmer 205 Ranchitos Rd Taos, Nm 87571 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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	
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	
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: <u>Gloria Foellmer</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: <u>3-15-07</u> Daytime Phone #: <u>505-758-5090</u>		

Gloria Foellmer

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