

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 03, 2004 8:00 am
Secretary of State

05-10-2004 90010 010 ****50.00

DOCUMENT # L03000016523 1. Entity Name YOSHI & CO., LLC																									
Principal Place of Business 4266 MIDDLEBROOK ROAD #238 ORLANDO, FL 32811 US			Mailing Address 4266 MIDDLEBROOK ROAD #238 ORLANDO, FL 32811 US																						
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																						
4. FEI Number 45-0514698			Applied For ☐ Not Applicable																						
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			01272004 Chg-LLC CR2E083 (10/03)																						
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL-32301			7. Name and Address of New Registered Agent Name Hideyuki Yoshizawa Street Address (P.O. Box Number is Not Acceptable) 4266 Middle Brook Road #238 City Orlando FL Zip Code 32811																						
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 DATE 4/29/04 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)																									
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State																						
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE Principal Member MGRM NAME Hideyuki Yoshizawa STREET ADDRESS 4266 Middle Brook Rd #238 CITY- ST- ZIP Orlando, FL 32811 </td> <td style="width: 50%; padding: 2px;"> ☐ Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE Member MGRM NAME Masako Yoshizawa STREET ADDRESS 4266 Middle Brook Rd #238 CITY- ST- ZIP Orlando, FL 32811 </td> <td style="padding: 2px;"> ☐ Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY- ST- ZIP </td> <td style="padding: 2px;"> ☐ Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY- ST- ZIP </td> <td style="padding: 2px;"> ☐ Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY- ST- ZIP </td> <td style="padding: 2px;"> ☐ Delete </td> </tr> </table>			TITLE Principal Member MGRM NAME Hideyuki Yoshizawa STREET ADDRESS 4266 Middle Brook Rd #238 CITY- ST- ZIP Orlando, FL 32811	☐ Delete	TITLE Member MGRM NAME Masako Yoshizawa STREET ADDRESS 4266 Middle Brook Rd #238 CITY- ST- ZIP Orlando, FL 32811	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY- ST- ZIP </td> <td style="width: 50%; padding: 2px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY- ST- ZIP </td> <td style="padding: 2px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY- ST- ZIP </td> <td style="padding: 2px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY- ST- ZIP </td> <td style="padding: 2px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY- ST- ZIP </td> <td style="padding: 2px;"> ☐ Change ☐ Addition </td> </tr> </table>			TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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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:			Date 4/29/04 Daytime Phone # 407-996-9452																						