


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 05, 2008 08:00 A
Secretary of State

DOCUMENT # L03000019298

1. Entity Name
 YO CAPEESH, LLC



Principal Place of Business
 8327 SW 17TH LANE
 GAINESVILLE, FL 32606

Mailing Address
 8327 SW 17TH LANE
 GAINESVILLE, FL 32606

DO NOT WRITE IN THIS SPACE



02262008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 52-2392247	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CARIDI, JAMES G
 8327 SW 17TH LANE
 GAINESVILLE, FL 32606

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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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARIDI, JAMES G 8327 SW 17TH LANE GAINESVILLE, FL 32604
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 03/20/08-80023-008 138.75

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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 #