


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



02262008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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 #