## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Apr 26, 2005 8:00 am Secretary of State DOCUMENT # L03000041090 04-26-2005 90011 008 \*\*\*\*55.00 1. Entity Name FOR YOUTH, L.L.C. Principal Place of Business Mailing Address 20047343 P.O. BOX 429 P.O. BOX 429 UNICO!, TN 37692 UNICOI, TN 37692 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03292005 Chg-LLC CR2E083 (10/03) City & State City & State Applied For 4. FEI Number APPLIED FOR Not Applicable Zip Country 7ip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BAXLEY, MILTON H II Street Address (P.O. Box Number is Not Acceptable) 1929 N.W. 12TH TERRACE GAINESVILLE, FL 32609 Zip Code City FL 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. DATE Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM Addition ☐ Change TITLE ☐ Delete TITLE MOORE, JESSIE NAME NAME STREET ADDRESS 36 SIMROCK PARK STREET ADDRESS CITY-ST-ZIP WILDWOOD, FL 34785 CITY-ST-ZIP ☐ Delete ☐ Change TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

JESSIEMOORE

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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3/25/25

423-791-250

**FILED**