## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L03000041090

1. Entity Name FOR YOUTH, L.L.C.



FILED Apr 29, 2008 08:00 AN Secretary of State

Principal Place of Business

P.O. BOX 429 UNICOI, TN 37692 Mailing Address
P.O. BOX 429
UNICOL, TN 37692



04042008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
NOT APPLICABLE

5. Certificate of Status Desired (5)
\$5.

\$5.00 Additional Fee Required

Applied For

Not Applicable

6. Name and Address of Current Registered Agent

MARSH, STEVEN 76 SEMINOLE PATH WILDWOOD, FL 34785

## DO NOT WRITE IN THIS SPACE

			THO GI AGE
	named entity submits this statement for the purpose of chang tions of registered agent.	ing its registered office or registered agent, or b	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOORE, JESSIE 36 SEMINOLE PATH WILDWOOD, FL 34785		05/22/08-80045-022 143.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET AODRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE			

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:	prose por	
		OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS CITY-ST-ZIP

4/4/08

ate Daytime Phone #