2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000045593

1. Entity Name GRACEYOGA, LLC



FILED Mar 26, 2008 08:00 AN Secretary of State

Principal Place of Business

569 CENTRAL PARKWAY UNIT 105 STUART, FL 34994

Mailing Address

P.O. BOX 1152

HOBE SOUND, FL 33475 US



03232008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-0406437 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

COFFEY, JAMES 8255 SE GOVERNORS WAY HOBE SOUND, FL. 33455

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of char ions of registered agent.	nging its registered office or registered agent, or bo	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	
File After May	: NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75		U00000870369 04/09/08-80088-021 138.75	
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COFFEY, MARGARET G MGRM 569 SE CENTRAL PARKWAY STUART, FL 34994			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	IN THIS SPACE	
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 specific or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. limited liability company or the peceiver or trustee empower

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

772-219-9900