2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

8/9.

FILED
Aug 22, 2007 8:00 am
Secretary of State
08-09-2007 90019 019 ****50.00

DOCUMENT # L03000047157

1. Entity Name

YOUNG ENTERPRISES, LLC

Principal Place of Business
632 DEER RUN RD
HAVANA FL 32333

Mailing Address
5431 APPLEDORE LANE
TALLAHASSEE FL 32309

2nd MOORE CR2E083 (4/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
632 DEER RUN RD		5431 APPLEDORE LN	
Suite, Apt. #, etc. HAVANA FLORIDA		Suite, Apt. #, etc. TALLA, FL	
City & State HAVANA FLORIDA		City & State	
Zip 32333	Country GADSDEN	Zip 32309	Country LEON

4. FEI Number 27-0072133 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

YOUNG, HUEY P
5431 APPLEDORE LANE
TALLAHASSEE FL 32309

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 5, 2007

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	YOUNG, HUEY P		NAME		
STREET ADDRESS	632 DEER RUN RD		STREET ADDRESS		
CITY-ST-ZIP	HAVANA FL 32333		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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 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: ________________________ 8/20/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #