


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 26, 2005 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # L03000047345 1. Entity Name YOESELANDY POMBO LLC |  |
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| Principal Place of Business 8705 N MEADOWVIEW CIRCLE TAMPA, FL 33625 | Mailing Address 8705 N MEADOWVIEW CIRCLE TAMPA, FL 33625 |
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01062005 No Chg-LLC CR2E083 (10/03)

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| 4. FEI Number 20-0978976 | Applied For Not Applicable |
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|---|-----------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent SMALL BUSINESS ACCOUNTING SERVICES 16017 N FLORIDA AVE 129 LUTZ, FL 33549 |
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IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2005**

U000000198558
01/27/05-80055-023 50.00

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR YORSELANDY, POMBO 8705 N MEADOWVIEW CIRCLE TAMPA, FL 33625 |
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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.

SIGNATURE: _____

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

Date

Daytime Phone #