

2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Feb 07, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000056304

1. Entity Name  
YOCKENFLOSTER, LLC



Principal Place of Business

235 NORTH GARDEN AVENUE  
CLEARWATER, FL 33755

Mailing Address

235 NORTH GARDEN AVENUE  
CLEARWATER, FL 33755



02012007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number

20-4796692

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

SCHWARTZ, JAMES  
235 NORTH GARDEN AVENUE  
CLEARWATER, FL 33755

**DO NOT WRITE  
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, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SCHWARTZ, JAMES
STREET ADDRESS	235 NORTH GARDEN AVENUE
CITY- ST- ZIP	CLEARWATER, FL 33755
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
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CITY- ST- ZIP	

000000624358  
02/14/07-80056-010 50.00

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

2 FEB 2007

727-443-5300