


**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90229 004 \*\*\*\*50.00

DOCUMENT # <b>L03000057571</b>	
1. Entity Name <b>Yoga On Hand, LLC</b>	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>1400 Hand Avenue</b> Suite, Apt. #, etc. <b>Suite 2C</b> City & State <b>Ormond Beach FL</b>		3. Mailing Address <b>1173 Athlone Way</b> Suite, Apt. #, etc.  City & State <b>Ormond Beach FL</b>	
Zip <b>32174</b>	Country <b>USA</b>	Zip <b>32174</b>	Country <b>USA</b>

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>27-0077169</b>		Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name <b>Lisa Helton</b>
Street Address (P.O. Box Number is Not Acceptable) <b>1173 Athlone Way</b>
City <b>Ormond Beach FL</b>
Zip Code <b>32174</b>

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 **Margaret Lisa Helton** **1/26/04**  
Signature, typed or printed name of registered agent and LLC, if applicable. DATE

**FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**DUE BY MAY 1**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MEM Lisa Helton 1400 Hand Avenue St 2C Ormond Beach FL 32174</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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: **Lisa Helton** **1/26/04** **386 486 1659**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE Daytime Phone #

CR2E083B (12/02)