

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90127 036 ****50.00

DOCUMENT # L04000004626

1. Entity Name

TIM YOHO PHOTOGRAPHY, L.L.C.



Principal Place of Business

7048 JOHN WAYNE COURT
TALLAHASSEE FL 32305

Mailing Address

7048 JOHN WAYNE COURT
TALLAHASSEE FL 32305



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/04)

4. FEI Number

77-0621418

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

YOHO, TIMOTHY D
7048 JOHN WAYNE COURT
TALLAHASSEE FL 32305

7. Name and Address of New Registered Agent

Name

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

1915-NORTH MONROE ST.

TALLAHASSEE

City

FL

Zip Code

32303

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 May 1 2005

9. MANAGING MEMBERS / MANAGERS

TITLE: MGRM ☐ Delete
NAME: YOHO, TIMOTHY D
STREET ADDRESS: 7048 JOHN WAYNE COURT
CITY-ST-ZIP: TALLAHASSEE FL 32305

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
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CITY-ST-ZIP:

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TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

10. ADDITIONS/CHANGES

TITLE: ☒ Change ☐ Addition
NAME:
STREET ADDRESS: 1915-NORTH MONROE ST.
CITY-ST-ZIP: TALLAHASSEE, FL. 32303

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
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STREET ADDRESS:
CITY-ST-ZIP:

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TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Timothy D. Yoho TIMOTHY D. YOHO 03-04-05 850 393 1830