

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90035 033 ****50.00

DOCUMENT # L04000024020

1. Entity Name
YELLOW ASSOCIATES, L.L.C.



Principal Place of Business
**P.O. BOX 394
LAUREL, FL 34272**

Mailing Address
**P.O. BOX 394
LAUREL, FL 34272**

DO NOT WRITE IN THIS SPACE



05022006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
84-1653251

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CHAPNICK, BRUCE P ESQ.
C/O ICARD, MERRILL, ET AL
2033 MAIN STREET, SUITE 800
SARASOTA, FL 34237**

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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 reappointing)

DATE _____

**Filing Fee is \$50.00
Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
THOMPSON, RICHARD L
7750 CHERRY LAUREL CRT
SARASOTA, FL 34241**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MAIO, ALAN
P O BOX 394
LAUREL, FL 34272**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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 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: _____

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

4/28/06 941 320 8166
Date Daytime Phone #