

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000026288

1. Entity Name
YOLANDA EDWARDS LIMITED LIABILITY COMPANY



Principal Place of Business
9001 FOX BROWN RD
INDIAN TOWN, FL 34957

Mailing Address
P.O. BOX 271
PALM CITY, FL 34991

FILED

05 SEP 22 PM 7: 28

SECRET
TALLAHASSEE, FLORIDA

[Handwritten signature]



2. Principal Place of Business
same 9001 Fox Brown

3. Mailing Address
P.O. Box 271

08192005 Chg-LLC CR2E083 (10/03)

City & State
Indian town FL
Zip
34956 Country
Martin

City & State
Palm City FL
Zip
34991 Country
Martin

4. FEI Number
266-89-2086 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
EDWARDS, YOLONDA
9001 FOX BROWN RD
INDIAN TOWN, FL 34957

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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]* (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00 Due by September 7, 2005 Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EDWARDS, YOLONDA P.O. BOX 271 PALM CITY, FL 34991	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500060033835 09/28/05--01010--001 **50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date *Sept 16, 05* Daytime Phone #