

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000082838

FILED  
Jun 29, 2007  
Secretary of State

Entity Name: MISS YVONNE'S JAMAICAN TAKE-OUT RESTAURANT LLC

**Current Principal Place of Business:**

18710 SW 107 AVE.  
UNIT 33  
MIAMI, FL 33157

**New Principal Place of Business:**

**Current Mailing Address:**

8110 SW 188TH STREET  
MIAMI, FL 33157

**New Mailing Address:**

18710 SW 107 AVENUE  
UNIT 33  
MIAMI, FL 33157

FEI Number: 14-1915723      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

ASHBY, YVONNE  
8110 SW 188TH STREET  
MIAMI, FL 33157      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ASHBY, ADIAHA  
Address: 8110 SW 188TH STREET  
City-St-Zip: MIAMI, FL 33157

Title: MGRM ( ) Delete  
Name: ASHBY, MARK JR  
Address: 8110 SW 188TH STREET  
City-St-Zip: MIAMI, FL 33157

Title: MGRM ( ) Delete  
Name: ASHBY, ADIRA  
Address: 8110 SW 188TH STREET  
City-St-Zip: MIAMI, FL 33157

Title: MGRM ( ) Delete  
Name: ASHBY, YVONNE  
Address: 8110 SW 188TH STREET  
City-St-Zip: MIAMI, FL 33157

Title: P ( ) Delete  
Name: ASHBY, ADIRA  
Address: 18710 SW 107 AVE.  
City-St-Zip: MIAMI, FL 33157

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: YVONNE ASHBY

MGRM

06/29/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date