2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 13, 2006 8:00 am
Secretary of State
04-04-2006 90011 011 ****50.00

DOCUMENT # L05000027892

1. Entity Name
YENDORENNA, LLC

Principal Place of Business	Mailing Address
3198 EDGEWATER DRIVE GAINESVILLE GA 30501	3198 EDGEWATER DRIVE GAINESVILLE GA 30501

1st MOORE CR2E083 (10/05)

2. Principal Place of Business	3. Mailing Address
2509 Seminole Cir.	2509 Seminole Cir.
Suite, Apt. #, etc.: West Palm Beach Fl	Suite, Apt. #, etc.
City & State	City & State: West Palm Beach Fl
Zip: 33409 Country	Zip: 33409 Country

4. FEI Number: 20-2910508 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WHITE, ROBERT B JR. C/O SOBERING, WHITE & LUCZAK P.A. 558 WEST NEW ENGLAND AVE., SUITE 240 WINTER PARK FL 32789	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, 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, 2006

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres M. Rodney McTz 2509 Seminole Cir West Palm Beach, Fl 33409 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Anne E. McTz 2509 Seminole Cir West Palm Beach Fl 33409 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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] M. Rodney McTz 3/18/06 7708457229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #