


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2007 8:00 am
Secretary of State

03-06-2007 90074 019 ****50.00

DOCUMENT # L05000047538	
1. Entity Name H.K. YAU, LLC	

Principal Place of Business 8118 TIBET BUTLER DR. WINDERMERE, FL 34786	Mailing Address 8118 TIBET BUTLER DR. WINDERMERE, FL 34786
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60021232

2. Principal Place of Business - No P.O. Box # 906 ASSEMBLY CT	3. Mailing Address 906 ASSEMBLY CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.



01082007 Chg-LLC CR2E083 (12/06)

City & State REUNION, FL	City & State REUNION, FL
Zip 34747	Country USA
Zip 34747	Country USA

4. FEI Number 20-2830329	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SHELTON, JAMES L
8118 TIBET BUTLER DR.
WINDERMERE, FL 34786

7. Name and Address of New Registered Agent
Name JAMES L SHELTON
Street Address (P.O. Box Number is Not Acceptable)
906 ASSEMBLY CT.
City REUNION FL Zip Code 34747

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 James L Shelton DATE 1/8/2007
(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHELTON, JAMES L 8118 TIBET BUTLER DR. WINDERMERE, FL 34786 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHELTON, JAMES L 906 ASSEMBLY CT REUNION, FL 34747 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: James L Shelton, Manager DATE 1/8/07 DAYTIME PHONE # 407-970-0785
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE