

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000055792

Entity Name  
YESCO ENTERPRISES, LLC



**FILED**  
**Sep 08, 2008 8:00 am**  
**Secretary of State**

09-08-2008 90048 021 \*\*\*138.75

Place of Business Mailing Address  
2500 MINNESOTA AVENUE  
SUITE C  
LYNN HAVEN, FL 32444 US

50010130



Place of Business - No P.O. Box # 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Country Country Zip Country

09042008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-2957078 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
YESELEVIGE, RICHARD  
515 EAST PARK ROAD  
PANAMA CITY, FL 32404

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

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 *Richard Yeselevige* RICHARD YESELEVIGE 9-4-08  
Signature (typed or printed name of registered agent or agent if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75**  
**Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to**  
**Florida Department of State**

MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
		<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	MGRM		TITLE		
STREET ADDRESS	YESELEVIGE, RICHARD		NAME		
CITY-ST-ZIP	12021 CARUSO DRIVE		STREET ADDRESS		
	PANAMA CITY, FL 32404		CITY-ST-ZIP		
		<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	MGRM		TITLE		
STREET ADDRESS	YESELEVIGE, BART		NAME		
CITY-ST-ZIP	12009 CARUSO DRIVE		STREET ADDRESS		
	PANAMA CITY, FL 32404		CITY-ST-ZIP		
		<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	MGRM		TITLE		
STREET ADDRESS	YESELEVIGE, ROBERT		NAME		
CITY-ST-ZIP	1515 EAST PARK ROAD		STREET ADDRESS		
	PANAMA CITY, FL 32404		CITY-ST-ZIP		
		<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	MGRM		TITLE		
STREET ADDRESS	YESELEVIGE, THELMA		NAME		
CITY-ST-ZIP	1515 EAST PARK ROAD		STREET ADDRESS		
	PANAMA CITY, FL 32404		CITY-ST-ZIP		
		<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE			TITLE		
STREET ADDRESS			NAME		
CITY-ST-ZIP			STREET ADDRESS		
		<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE			TITLE		
STREET ADDRESS			NAME		
CITY-ST-ZIP			STREET ADDRESS		
		<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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: *Richard Yeselevige* RICHARD YESELEVIGE 9-4-08 850-277-0000  
SIGNATURE AND TYPE OR PRINTED NAME OF MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #