

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000061087

FILED
Apr 01, 2009
Secretary of State

Entity Name: YWT, LLC

Current Principal Place of Business:

1361 ROYAL PALM SQUARE BLVD
SUITE 1
FORT MYERS, FL 33919 FL

New Principal Place of Business:

Current Mailing Address:

1361 ROYAL PALM SQUARE BLVD
SUITE 1
FORT MYERS, FL 33919 FL

New Mailing Address:

FEI Number: 20-3041715

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VIDUSSI, DANA
1361 ROYAL PALM SQUARE BLVD
SUITE 1
FORT MYERS, FL 33919 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: VIDUSSI, DANA
Address: 1361 ROYAL PALM SQUARE BLVD #1
City-St-Zip: FORT MYERS, FL 33919

Title: MGRM () Delete
Name: WEISBERG, STEVEN M
Address: 1500 COLONIAL BLVD., SUITE 217
City-St-Zip: FORT MYERS, FL 33919

Title: MGRM () Delete
Name: HURST, MICHAEL G
Address: 1361 ROYAL PALM SQUARE BLVD #3
City-St-Zip: FORT MYERS, FL 33919

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:

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: DANA VIDUSSI

MMBR

04/01/2009

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