
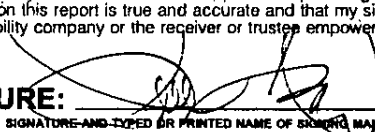


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 23, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000061186</b> 1. Entity Name <b>YOUNG, LLC</b>		
Principal Place of Business <b>946 BAY ESPLANE CLEARWATER, FL 33767</b>	Mailing Address <b>946 BAY ESPLANE CLEARWATER, FL 33767</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>CLINE, HARRY S 625 COURT STREET, STE. 200 CLEARWATER, FL 33756</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>Filing Fee is \$50.00 Due by September 14, 2007</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM YOUNG, DEAN W 946 BAY ESPLANE CLEARWATER, FL 33767</b>	
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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.		
<b>SIGNATURE:</b> 		<b>Dean Young 7/18/07 727/443-3893</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>



07112007No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required