


**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000061186</b> 1. Entity Name YOUNG, LLC				<b>Jan 14, 2008 08:00</b> <b>Secretary of State</b>	
Principal Place of Business 946 BAY ESPLANADE CLEARWATER, FL 33767		Mailing Address 946 BAY ESPLANADE CLEARWATER, FL 33767			
<b>DO NOT WRITE IN THIS SPACE</b>					
				01112008No Chg-LLC CR2E083 (12/07)	
<b>DO NOT WRITE IN THIS SPACE</b>				4. FEI Number NOT APPLICABLE	
				Applied For Not Applicable	
<b>DO NOT WRITE IN THIS SPACE</b>				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CLINE, HARRY S 625 COURT STREET, STE. 200 CLEARWATER, FL 33756				<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) DATE</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>					
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY- ST- ZIP		MGRM YOUNG, DEAN W 946 BAY ESPLANADE CLEARWATER, FL 33767			
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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.					
SIGNATURE:  1/11/08					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					