

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90205 020 ****55.00

DOCUMENT # L05000120167

1. Entity Name

YANG LIN XING WANG ANTIQUE FURNITURE, LLC



Principal Place of Business

1004 MARLIN LAKES CIR.
226
SARASOTA FL 34232

Mailing Address

1004 MARLIN LAKES CIR.
226
SARASOTA FL 34232

2. Principal Place of Business - No P.O. Box #

604 Pineapple Ave. S.

Suite, Apt. #, etc.

Sarasota, FL

City & State

3. Mailing Address

Suite, Apt. #, etc.

604 Pineapple Ave. S.

City & State

Sarasota, FL

Zip

34236

Country

USA

Zip

34236

Country

4. FEI Number

56-2550881

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/06)



6. Name and Address of Current Registered Agent

YANG, LIN
1004 MARLIN LAKES CIR.
226
SARASOTA FL 34232

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Lin Yang

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/28/07

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME YANG, LIN
STREET ADDRESS 1004 MARLIN LAKES CIR.
CITY-STATE-ZIP SARASOTA FL 34232

TITLE MGRM ☐ Delete
NAME YANG, YANG
STREET ADDRESS 298 AIMIN DONG DAO
CITY-STATE-ZIP LANGFANG, HEBEI, CHINA CH 06500-0

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Lin Yang

2/28/07