

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 04, 2007 8:00 am
Secretary of State

03-21-2007 90160 030 ****55.00

DOCUMENT # L05000122710

1. Entity Name
AFTERYOU LLC



Principal Place of Business
**4301 MACKEREL DRIVE
SEBRING, FL 33870 US**

Mailing Address
**4301 MACKEREL DRIVE
SEBRING, FL 33870 US**

30003982



03032007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4117137

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required.

6. Name and Address of Current Registered Agent

**WILSON, DAVID L
4301 MACKEREL DRIVE
SEBRING, FL 33870**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
WILSON, DAVID L
4301 MACKEREL DRIVE
SEBRING, FL 33870**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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IN THIS SPACE**

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

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

Date

Daytime Phone #

David L Wilson 3-31-07 561-445

0847