

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90127 004 ***138.75

DOCUMENT # L06000028550

1. Entity Name

YENOMON INVESTMENTS, LLC



Principal Place of Business

**2201 CANTU CT
SUITE 104
SARASOTA FL 34232**

Mailing Address

**2201 CANTU CT
SUITE 104
SARASOTA FL 34232**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-4535860

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~FISCHER, RICHARD M
8140 FRUITVILLE RD
SARASOTA FL 34240~~

Name

THOMAS R. TJADEN

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

1730 STICKNEY POINT ROAD

SARASOTA, FL 34231

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

Thomas R. Tjaden

(NOTE: Registered Agent signature required when registering)

3/17/2008

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE **MGRM** ☒ Delete
NAME **FISCHER, RICHARD M**
STREET ADDRESS **8140 FRUITVILLE RD**
CITY-STATE-ZIP **SARASOTA FL 34240**

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

TITLE **MGRM** ☐ Delete
NAME **STARLING, FRED M**
STREET ADDRESS **2201 CANTU COURT, SUITE 104**
CITY-STATE-ZIP **SARASOTA FL 34232**

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

TITLE **MGRM** ☐ Delete
NAME **SCHALK, STEPHEN L**
STREET ADDRESS **310 MAIN STREET**
CITY-STATE-ZIP **DAVENPORT IA 52801**

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

TITLE ☐ Delete
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:

Fred M. Starling

Fred M. Starling, Managing Member 3/17/08 941-378-3811

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

Date

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