

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90268 027 ***143.75

DOCUMENT # L06000040217

1. Entity Name
YANKEE LLC



Principal Place of Business
P.O. BOX 68
BOYNTON BEACH, FL 33425 US

Mailing Address
P.O. BOX 68
BOYNTON BEACH, FL 33425 US

60018348

2. Principal Place of Business - No P.O. Box #
2901 CLINT MOORE RD.

3. Mailing Address
2901 CLINT MOORE RD

Suite, Apt. #, etc.
SUITE 221

Suite, Apt. #, etc.
SUITE 221

03222008 Chg-LLC CR2E083 (12/06)



City & State
BOCA RATON, FL.

City & State
BOCA RATON, FL.

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip
33496 Country
USA

Zip
33496 Country
USA

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

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

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SCHENCK, KEVIN
P.O. BOX 68
BOYNTON BEACH, FL 33425** ☒ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM-PRESIDENT AND CEO
John Mierley
2901 CLINT MOORE RD SUITE 221
BOCA RATON, FL 33496** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-21-08

Date

1.561.281.7848

Daytime Phone #