

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 30, 2007 8:00 am
Secretary of State

07-24-2007 90012 002 ****50.00

DOCUMENT # L06000070195

1. Entity Name
YELLOW STRIPES MAKING THE DRIVER LLC



Principal Place of Business
**7947 WINTER SONG DR.
ORLANDO FL 32825**

Mailing Address
**7947 WINTER SONG DR.
ORLANDO FL 32825**

00012006



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

2nd MOORE CR2E083 (4/07)

4. FEE Number
26-0792303

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

☒ Applied For
☐ Not Applicable

6. Name and Address of Current Registered Agent
**KELLER, WAYNE N
2511 E. COLONIAL DR
204
ORLANDO FL 32803**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 5, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR EMERIKA INC. DBA DIGI CRAFT 7947 WINTER SONG DR. ORLANDO FL 32825 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM STENZEL, SCOTT A 7947 WINTER SONG DR. ORLANDO FL 32825 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM KELLER, WAYNE N 2511 E. COLONIAL DR #204 ORLANDO FL 32803 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS 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: _____ **07/20/2007** **4072490622**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Day/mon/Year