

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 20, 2007 8:00 am
Secretary of State

02-26-2007 90310 040 ****55.00

DOCUMENT # L06000073105 1. Entity Name DTG YOGA, L.L.C.					
Principal Place of Business 8870 N. HIMES AVE. #329 TAMPA FL 33614-1627			Mailing Address 8870 N. HIMES AVE. #329 TAMPA FL 33614-1627		
2. Principal Place of Business - No P.O. Box # 3104 W. Kenyon Ave		3. Mailing Address Suite, Apt. #, etc.			
City & State Tampa, FL		City & State		4. FEI Number 20-2679512	
Zip 33614		Country USA		5. Certificate of Status Desired - ☒ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FOWLER WHITE BOGGS BANKER P.A. % TINA DUNS FORD 501 E. KENNEDY BLVD., SUITE 1700 TAMPA FL 33602				7. Name and Address of New Registered Agent Name Tina Dunsford Street Address (P.O. Box Number is Not Acceptable) Dunsford + Associates, P.A. 201 S. Westland Ave City Tampa FL Zip Code 33606	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
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	
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 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 606, Florida Statutes.					
SIGNATURE: C. H. Gold Andrew H. Gold			Date: 2/20/07		Daytime Phone #: 813-226-7630