

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90131 001 ***138.75

DOCUMENT # L06000093935					
1. Entity Name THE FLORIDA YOGA INSTITUTE, LLC					
Principal Place of Business 9480 CORKSCREW PALMS CIRCLE SUITE 6 ESTERO, FL 33928			Mailing Address 9480 CORKSCREW PALMS CIRCLE SUITE 6 ESTERO, FL 33928		
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		Country		02172008 Chg-LLC CR2E083 (12/06)	
4. FEI Number NOT APPLICABLE				Applied For Not Applicable	
5. Certificate of Status Desired				<input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
VANEGAS, FRANCESCA 9480 CORKSCREW PALMS CIRCLE SUITE 6 ESTERO, FL 33928			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
29056 ALESSANDRIA CIRCLE BONITA SPRINGS FL 34135			29056 ALESSANDRIA CIRCLE BONITA SPRINGS FL 34135		
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE: 2/20/08	
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 NAME STREET ADDRESS CITY-ST-ZIP	MGR VANEGAS, FRANCESCA 9480 CORKSCREW PALMS CIRCLE, SUITE 6 ESTERO, FL 33928	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VANEGAS, FRANCESCA 29056 ALESSANDRIA CR. BONITA SPRINGS FL 34135	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date: 2/20/08 <small>Daytime Phone #</small>	