

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000113741

**FILED**  
**Mar 13, 2008**  
**Secretary of State**

**Entity Name:** YO ELEVEN LLC

**Current Principal Place of Business:**

515 TOPS'L BEACH BLVD.  
SUMMIT UNIT 710  
DESTIN, FL 32550

**New Principal Place of Business:**

**Current Mailing Address:**

515 TOPS'L BEACH BLVD.  
SUMMIT UNIT 710  
DESTIN, FL 32550

**New Mailing Address:**

**FEI Number:** 20-5907680      **FEI Number Applied For** ( )      **FEI Number Not Applicable** ( )      **Certificate of Status Desired** ( )

**Name and Address of Current Registered Agent:**

LILES, THOMAS P JR.  
515 TOPS'L BEACH BLVD.  
SUMMIT UNIT 710  
DESTIN, FL 32550 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LILES, THOMAS P JR.  
Address: 515 TOPS'L BEACH BLVD., SUMMIT UNIT 710  
City-St-Zip: DESTIN, FL 32550

Title: MGRM ( ) Delete  
Name: KENNEDY, ROBERT T  
Address: 17514 RUSTLING ASPEN LANE  
City-St-Zip: HOUSTON, TX 77095

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: THOMAS P. LILES, JR.      MGRM      03/13/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date