


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 04, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L06000120539**

1. Entity Name  
**YANKEE BELLE, LLC**



Principal Place of Business <b>229 NW LAFAYETTE AVE          MAYO, FL 32066 US</b>	Mailing Address <b>P.O. BOX 317          MAYO, FL 32066 US</b>
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**DO NOT WRITE IN THIS SPACE**



03202008 No Chg-LLC CR2E083 (12/07)

4. FEI Number <b>20-8067912</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**MORRIS, MELISSA  
 229 NW LAFAYETTE AVENUE  
 MAYO, FL 32066**

**DO NOT WRITE IN THIS SPACE**

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 \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U00000881457  
 04/16/08-80001-017 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MORRIS, MELISSA 229 NW LAFAYETTE AVE MAYO, FL 32066
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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:** Melissa A. Morris **3/27/08 (386) 888-2871**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #