

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 02, 2008 8:00 am
Secretary of State

07-02-2008 90039 010 ***138.75

DOCUMENT # L07000058805

1. Entity Name
YOGA FOR THE SPECIAL CHILD, LLC



Principal Place of Business
**2100 CONSTITUTION BOULEVARD
SUITE 125
SARASOTA, FL 34231 US**

Mailing Address
**2100 CONSTITUTION BOULEVARD
SUITE 125
SARASOTA, FL 34231 US**

00007007

2. Principal Place of Business - No P.O. Box #
7739 HOLIDAY DR.

3. Mailing Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06202008 Chg-LLC CR2E083 (12/06)

City & State
SARASOTA, FL

City & State

4. FEI Number
26-0293990

Applied For
Not Applicable

Zip
34231 Country
USA

Zip Country

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

6. Name and Address of Current Registered Agent

**SUMAR, SONIA
2100 CONSTITUTION BOULEVARD
SUITE 125
SARASOTA, FL 34231**

7. Name and Address of New Registered Agent

Name
SUMAR, SONIA

Street Address (P.O. Box Number is Not Acceptable)

7739 HOLIDAY DR.

City
SARASOTA

FL

Zip Code
34231

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 **Sonia Sumar**

DATE **6/20/08**

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**MGRM
SUMAR, SONIA
2100 CONSTITUTION BOULEVARD, SUITE 125
SARASOTA, FL 34231** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

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STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**7739 HOLIDAY DR.
SARASOTA, FL 34231** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

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CITY-STATE-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: **Sonia Sumar**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DATE **6/20/08**

Doc# 11-11-08