2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Mar 13, 2008 8:00 am Secretary of State DOCUMENT # L07000078323 03-13-2008 90270 037 ***144.00 1. Entity Name YES CAN DO, LLC Principal Place of Business Mailing Address 60014514 2643 GULF TO BAY SUTIE 1560-446 2643 GULF TO BAY SUTIE 1560-446 CLEARWATER, FL 33759 CLEARWATER, FL 33759 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 411 CLEVELAND ST. HE) 411 CLEVELAND ST. 181 Suite, Apt. #, etc. Suite, Apt. #, etc 03042008 CR2E083 (12/06) 161 Applied For City & State City & State 102 0812546 LEARWANER Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired 33755 PINEUAS PINELLAS Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent YARISH, DAVID L 2643 GULF TO BAY SUTIE 1560-446 CLEARWATER, FL 33759 STE 161 Zip Code 33753 CLEARWATER anging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits the obligations of registered age L. YARDSH MANAGENR MEMBER DAVED) SIGNATURE FILE NOWILL FEE IS \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGRM **MGRM** TITLE Delete TITLE Change ☐ Addition YARDON DAVED L. NAME YARISH, DAVID L NAME STE 161 STREET ADDRESS 2643 GULF TO BAY SUTIE 1560-446 STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33759 DAEWATER PLA: 33755 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADVORESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Chanoe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TTY-ST-ZIP 11. I hereby certify that the information supplied with this filting 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 employered to execute this report as required by Chapter 608, Florida Statutes.

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