

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90232 017 ***143.75

60016484



DOCUMENT # L07000114289 1. Entity Name YOGA TO GO, LLC					
Principal Place of Business 1112 WESTON ROAD, #256 WESTON, FL 33326			Mailing Address 1624 BLUE JAY CIRCLE WESTON, FL 33327		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number 68-0591759				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				01252008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent WILE, MICHAEL 1624 BLUE JAY CIRCLE WESTON, FL 33327			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <u><i>Michael Wile</i></u> (NOTE: Registered Agent signature required when reinstating) DATE					
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 WILE, NANCY 1112 WESTON ROAD, #256 WESTON, FL 33326	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>Nancy Wile</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				<u><i>3/18/08</i></u> Date Daytime Phone #	