

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000120994

Entity Name: YOUNG & BLENCO, LLC

FILED
Apr 22, 2008
Secretary of State

Current Principal Place of Business:

2490 SW 14TH DRIVE
37
GAINESVILLE, FL 32607

New Principal Place of Business:

3506 NW 143RD STREET
GAINESVILLE, FL 32606

Current Mailing Address:

2490 SW 14TH DRIVE
37
GAINESVILLE, FL 32607

New Mailing Address:

816 SE 4TH AVENUE
GAINESVILLE, FL 32601

FEI Number: 75-3262366

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BLENCO, TIMOTHY D
2490 SW 14TH DRIVE
37
GAINESVILLE, FL 32607 US

Name and Address of New Registered Agent:

BLENCO, TIMOTHY D
816 SE 4TH AVENUE
GAINESVILLE, FL 32601 US

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:

04/22/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: YOUNG, TIMOTHY D
Address: 7257 NW 4TH BLVD. PMB 102
City-St-Zip: GAINESVILLE, FL 32607

Title: MGR () Delete
Name: BLENCO, TIMOTHY D
Address: 2490 SW 14TH DRIVE, SUITE 37
City-St-Zip: GAINESVILLE, FL 32607

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: BLENCO, TIMOTHY D
Address: 816 SE 4TH AVENUE
City-St-Zip: GAINESVILLE, FL 32601

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: TIMOTHY D. BLENCO

MR.

04/22/2008

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