

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000121452

Entity Name: YOMAGINATION, LLC

**FILED**  
**May 01, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1809 EAST BROADWAY STREET, STE 310  
OVIEDO, FL 327665

**New Principal Place of Business:**

217 WOODRIDGE DRIVE  
GENEVA, FL 32732

**Current Mailing Address:**

1809 EAST BROADWAY STREET, STE 310  
OVIEDO, FL 327665

**New Mailing Address:**

217 WOODRIDGE DRIVE  
GENEVA, FL 32732

FEI Number: 26-4670993      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

QUILLEN, DONALD D JR  
217 WOODRIDGE DRIVE  
GENEVA, FL 32732      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: P  
Name: QUILLEN, HEATHER J  
Address: 1809 EAST BROADWAY STREET, STE 310  
City-St-Zip: OVIEDO, FL 327665

Title: VP  
Name: QUILLEN, DONALD D  
Address: 1809 EAST BROADWAY STREET, STE 310  
City-St-Zip: OVIEDO, FL 327665

I hereby 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: DONALD D. QUILLEN, JR.

VP

05/01/2010

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