

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000055499

Entity Name: YURO & ASSOCIATES, LLC

FILED
Apr 22, 2009
Secretary of State

Current Principal Place of Business:

1001 MEADOW VIEW LANE
ST. AUGUSTINE, FL 32092

New Principal Place of Business:

Current Mailing Address:

1001 MEADOW VIEW LANE
ST. AUGUSTINE, FL 32092

New Mailing Address:

FEI Number: 26-3245921

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YURO, MICHAEL J
1001 MEADOW VIEW LANE
ST. AUGUSTINE, FL 32092 US

Name and Address of New Registered Agent:

YURO, MICHAEL J P
1001 MEADOW VIEW LANE
ST. AUGUSTINE, FL 32092 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: MICHAEL YURO

04/22/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: YURO, MICHAEL J
Address: 1001 MEADOW VIEW LANE
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: MGRM () Delete
Name: YURO, TRACY K
Address: 1001 MEADOW VIEW LANE
City-St-Zip: ST. AUGUSTINE, FL 32092

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: YURO, MICHAEL J P
Address: 1001 MEADOW VIEW LANE
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: MGRM (X) Change () Addition
Name: YURO, TRACY K VP
Address: 1001 MEADOW VIEW LANE
City-St-Zip: ST. AUGUSTINE, FL 32092

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: MICHAEL YURO

MGRM

04/22/2009

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