

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000095526

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Entity Name:** YOUR BIG PICTURE CAFE, LLC

**Current Principal Place of Business:**

4900 SOUTH UNIVERSITY DRIVE  
#110  
DAVIE, FL 33328 US

**New Principal Place of Business:**

**Current Mailing Address:**

4900 SOUTH UNIVERSITY DRIVE  
#110  
DAVIE, FL 33328 US

**New Mailing Address:**

**FEI Number:** 27-1076973      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

YOUNG, CHARLENE G MGRM  
4900 SOUTH UNIVERSITY DRIVE  
#110  
DAVIE, FL 33328 US

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

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: MGRM  
Name: YOUNG, CHARLENE  
Address: 4900 SOUTH UNIVERSITY DRIVE, #110  
City-St-Zip: DAVIE, FL 33328 US

Title: MGRM  
Name: GAUDET, GARY  
Address: 4900 SOUTH UNIVERSITY DRIVE, #110  
City-St-Zip: DAVIE, FL 33328 US

Title: MGRM  
Name: VAIRY, COLIN  
Address: 4900 SOUTH UNIVERSITY DRIVE, #110  
City-St-Zip: DAVIE, FL 33328 US

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: CHARLENE YOUNG

MGRM

04/19/2011

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