11000014580

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only

G. MCLEOD AUG. 2-7-2010

EXAMINER



500184673945

500184673945 08/26/10--01016--023 **25.00

SECRETARY OF STATE

10 AUG 26 AM II: II

COVER LETTER

TO: Registration Section Division of Corporations		
· Division of Corporations		
	ESTMENTS LLC	
Name of Limited	d Liability Company	
Dear Sir or Madam:		
Don't on Wildum.		
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:		
	č	
CHIRAG PATEL		
Name of Person		
YUG INVESTMENTS LLC		
Firm/Company		
42742 NI LIO LIVADA 444		
13743 N US HWY 441 Address		
1 A D.V. 1 AVE. EL 00450		
LADY LAKE ,FL 32159 City/State and Zip Code		
Onyi State and Zip Code		
D L VENAD@YAHOO COM		
E-mail address: (to be used for future annual report notification	on)	
For forther information concerning this metter also		
For further information concerning this matter, ple	ase can:	
DOMINIC JOHN at (352) 7890906	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301		
Enclosed is a check for the following amount:		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

Name of the limited liability company:	YUG INVESTMENTS LLC
2. (a) Principal office address of limited liability compa	
(Note: MUST BE STREET ADDRESS)	LADY LAKE ,FL 32159
(b) Mailing address of limited liability company:	13743 N US HWY 441
(Note: MAY BE POST OFFICE BOX)	LADY LAKE ,FL 32159
08/24/2010	L10000019937
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown o	n the records of the Florida Dept. of State:
Registered Agent:	CHIRAG PATEL
Registered Office Address:	13949 W HILLSBOROUGH AVE TAMPA, FL 33635
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> : NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	EW Registered Office address CHIRAG PATEL 13743 N US HWY 441 LADY LAKE, FL 32159 FL
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as oth or the operating agreement of the limited liability company. Change Fale! Signature of a member or authorized representative of a member	Florida street address of the registered office entical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote
CHIRAG PATEL	
Printed or typed name of signee	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my paper 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability company of the second of the s	agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in nerely reflect a change in the registered office any has been notified in writing of this change.
Signature of Registered Agent	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00