

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000048846

Entity Name: YACHTZOO LLC

**FILED**  
**Jan 25, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1535 SE 17TH STREET, STE. 103  
FORT LAUDERDALE, FL 33316

**New Principal Place of Business:**

**Current Mailing Address:**

1535 SE 17TH STREET, STE. 103  
FORT LAUDERDALE, FL 33316

**New Mailing Address:**

FEI Number: 26-3502402

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FOWLER WHITE BOGGS  
1200 EAST LAS OLAS BLVD  
SUITE 400  
FORT LAUDERDALE, FL 33301 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: HALL, DARRELL A  
Address: 1535 SE 17TH STREET, STE. 103  
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: MGRM  
Name: EMMOTT, NEIL D  
Address: 1535 SE 17TH STREET, STE. 103  
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: MGRM  
Name: RICHARDSON, CHRIS  
Address: 1535 SE 17TH STREET, STE. 103  
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: MGRM  
Name: RINGSING, KIRSTEN  
Address: 1535 SE 17TH STREET, STE. 103  
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: MGRM  
Name: SCALABRINO, PAOLA  
Address: 1535 SE 17TH STREET, STE. 103  
City-St-Zip: FORT LAUDERDALE, FL 33316

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: NEIL EMMOTT

MGRM

01/25/2012

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