

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000102299

**FILED**  
**Jan 09, 2011**  
**Secretary of State**

**Entity Name:** YVETTE THOMAS & ASSOCIATES, LNC, LLC.

**Current Principal Place of Business:**

3201 SW CRUMPACKER ST.  
PORT ST.LUCIE, FL 34953 US

**New Principal Place of Business:**

**Current Mailing Address:**

3201 SW CRUMPACKER ST.  
PORT ST.LUCIE, FL 34953 US

**New Mailing Address:**

**FEI Number:** 11-1063005

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

THOMAS, YVETTE  
3201 SW CRUMPACKER ST.  
PORT ST,LUCIE, FL 34953 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: MGR  
Name: THOMAS, YVETTE  
Address: 3201 SW CRUMPACKER ST  
City-St-Zip: PORT ST LUCIE, FL 34953

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: YVETTE THOMAS

MGR

01/09/2011

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