

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000067962

Entity Name: YOGI BEAD LLC

**FILED**  
**Mar 30, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

3029 NE 188TH ST  
916  
AVENTURA, FL 33180

**New Principal Place of Business:**

1951 NW SOUTH RIVER DRIVE #613  
MIAMI, FL 33125

**Current Mailing Address:**

3029 NE 188TH ST  
916  
AVENTURA, FL 33180

**New Mailing Address:**

1951 NW SOUTH RIVER DRIVE #613  
MIAMI, FL 33125

FEI Number: 45-2502456

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ROUSSELOT, MARIA C  
3029 NE 188TH ST  
916  
AVENTURA, FL 33180 US

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

ROUSSELOT, MARIA C  
1951 NW SOUTH RIVER DRIVE #613  
MIAMI, FL 33125 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:

03/30/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ROUSSELOT, MARIA C  
Address: 1951 NW SOUTH RIVER DRIVE #613  
City-St-Zip: MIAMI, FL 33125

Title: MGRM  
Name: ADRIEN, FABRICE  
Address: 1951 NW SOUTH RIVER DRIVE #613  
City-St-Zip: MIAMI, FL 33125

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: MARIA CELESTE ROUSSELOT

MNGR

03/30/2012

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