

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000083264

**Entity Name:** YARD JIVE L.L.C.

**FILED**  
**Feb 14, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

6418 ALCESTER DRIVE  
NEW PORT RICHEY, FL 34655

**New Principal Place of Business:**

**Current Mailing Address:**

C/O KELLI PLEIN  
P.O. BOX 3977  
HOLIDAY, FL 34692

**New Mailing Address:**

**FEI Number:** 45-3066742      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

KELLI MARIE PLEIN  
6418 ALCESTER DRIVE  
NEW PORT RICHEY, FL 34655      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:** KELLI MARIE PLEIN  
**Address:** 6418 ALCESTER DRIVE  
**City-St-Zip:** NEW PORT RICHEY, FL 34655

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: KELLI MARIE PLEIN

OWNE

02/14/2012

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