

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000095526

**Entity Name:** YOUR BIG PICTURE CAFE, LLC

**Current Principal Place of Business:**

4900 SOUTH UNIVERSITY DRIVE  
#110  
DAVIE, FL 33328

**Current Mailing Address:**

4900 SOUTH UNIVERSITY DRIVE  
#110  
DAVIE, FL 33328 US

**FEI Number:** 27-1076973

**Certificate of Status Desired:** Yes

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

VAIRY, CHARLENE GMGRM  
4900 SOUTH UNIVERSITY DRIVE  
#110  
DAVIE, FL 33328 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name VAIRY, CHARLENE G  
Address 4900 SOUTH UNIVERSITY DRIVE,  
#110  
City-State-Zip: DAVIE FL 33328

Title MGRM  
Name GAUDET, GARY  
Address 4900 SOUTH UNIVERSITY DRIVE,  
#110  
City-State-Zip: DAVIE FL 33328

Title MGRM  
Name VAIRY, COLIN  
Address 4900 SOUTH UNIVERSITY DRIVE,  
#110  
City-State-Zip: DAVIE FL 33328

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CHARLENE VAIRY

**GENERAL MANAGING  
MEMBER**

**03/21/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date