

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000011590

**Entity Name:** YELLOWKORNERFLORIDA GALLERIA LLC

**Current Principal Place of Business:**

5090 PGA BLVD STE 200  
PALM BEACH GARDENS, FL 33418

**Current Mailing Address:**

5090 PGA BLVD STE 200  
PALM BEACH GARDENS, FL 33418 US

**FEI Number:** 46-4589090

**Certificate of Status Desired:** No

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

PATRICK VIVIES CPA PA  
700 E DANIA BEACH BLVD  
202  
DANIA, FL 33004 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            AMBR  
Name            YELLOWKORNER FLORIDA LLC  
Address        5090 PGA BLVD STE 200  
City-State-Zip: PALM BEACH GARDENS FL 33418

*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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** GUY CHASSIGNON

AMBR

03/02/2015

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

\_\_\_\_\_ Date