

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000014537

FILED  
Mar 28, 2008  
Secretary of State

Entity Name: AYP LLC

## Current Principal Place of Business:

16500 COLLINS AVENUE  
#1651  
SUNNY ISLES, FL 33160 US

## New Principal Place of Business:

## Current Mailing Address:

16500 COLLINS AVENUE  
#1651  
SUNNY ISLES, FL 33160

## New Mailing Address:

FEI Number: 65-1063096

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VERGARA, HERNAN A  
16500 COLLINS AVENUE  
#1651  
SUNNY ISLES, FL 33160 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 ( ) Delete  
Name: VERGARA, HERNAN  
Address: 16500 COLLINS AVENUE  
City-St-Zip: SUNNY ISLES, FL 33160

Title: MGRM ( ) Delete  
Name: VERGARA, PATRICIA  
Address: 16500 COLLINS AVENUE  
City-St-Zip: SUNNY ISLES, FL 33160

Title: MGRM ( ) Delete  
Name: VERGARA, ALFONSO  
Address: 16500 COLLINS AVENUE  
City-St-Zip: SUNNY ISLES, FL 33160

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: HERNAN ADOLFO VERGARA

MANA

03/28/2008

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