

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000014537

**FILED**  
**Mar 18, 2014**  
**Secretary of State**  
**CC9344054333**

**Entity Name:** AYP LLC

**Current Principal Place of Business:**

16500 COLLINS AVENUE  
#1651  
SUNNY ISLES, FL 33160

**Current Mailing Address:**

16500 COLLINS AVENUE  
#1651  
SUNNY ISLES, FL 33160

**FEI Number:** 65-1063096

**Certificate of Status Desired:** No

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

VERGARA, HERNAN A  
16500 COLLINS AVENUE  
#1651  
SUNNY ISLES, FL 33160 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 VERGARA, HERNAN H  
Address 16500 COLLINS AVENUE  
City-State-Zip: SUNNY ISLES FL 33160

Title MGRM  
Name PATRICIA, VERGARA I  
Address 16500 COLLINS AVENUE  
City-State-Zip: SUNNY ISLES FL 33160

Title MGRM  
Name VERGARA, ALFONSO  
Address 16500 COLLINS AVENUE  
City-State-Zip: SUNNY ISLES FL 33160

*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:** HERNAN VERGARA

**GENERAL MANAGER**

**03/18/2014**

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

\_\_\_\_\_  
Date