

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000113071

Entity Name: Y&V CANADA SERVICES, LLC**Current Principal Place of Business:**1500 SAN REMO AVENUE, SUITE 125
CORAL GABLES, FL 33146**Current Mailing Address:**1500 SAN REMO AVENUE, SUITE 125
CORAL GABLES, FL 33146 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ATRIUM REGISTERED AGENTS, INC.
1500 SAN REMO AVENUE, SUITE 125
CORAL GABLES, FL 33146 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 MGR
Name CHACON, CESAR
Address 1500 SAN REMO AVENUE STE 125
City-State-Zip: CORAL GABLES FL 33146

Title MGR
Name FERNANDEZ, ANGELA
Address 1500 SAN REMO AVENUE, STE 125
City-State-Zip: CORAL GABLES FL 33146

Title MGR
Name HERNANDEZ, FERNANDO
Address 1500 SAN REMO AVENUE, STE 125
City-State-Zip: CORAL GABLES FL 33146

Title MGR
Name CHIRINOS, JOHNNY
Address 1500 SAN REMO AVENUE, STE 125
City-State-Zip: CORAL GABLES FL 33146

Title MGR
Name HERNANDEZ, LEOPOLDO
Address 1500 SAN REMO AVENUE, STE 125
City-State-Zip: CORAL GABLES FL 33146

Title MGR
Name PAEZ, RONALD
Address 1500 SAN REMO AVENUE, STE 125
City-State-Zip: CORAL GABLES FL 33146

Title MGR
Name LOPEZ, VICENTE
Address 1500 SAN REMO AVENUE, SUITE 125
City-State-Zip: CORAL GABLES FL 33146

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: CESAR CHACON

MGR

04/16/2013

Electronic Signature of Signing Authorized Person(s) Detail_____
Date