

**2015 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	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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CESAR CHACON

MGR

04/22/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date