

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000090833

**Entity Name:** YOUNG PROFESSIONAL CAREER NETWORK, L.L.C.

**Current Principal Place of Business:**

7855 NW 12 ST.  
SUITE 202  
DORAL, FL 33126

**FILED**  
**Apr 20, 2016**  
**Secretary of State**  
**CC3080974812**

**Current Mailing Address:**

7855 NW 12 ST.  
SUITE 202  
DORAL, FL 33126 US

**FEI Number: 27-1007407**

**Certificate of Status Desired: No**

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

CASO CASERTA, MARIA R  
7855 NW 12 ST.  
SUITE 202  
DORAL, FL 33126 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 CASERTA, DAVID T  
Address 7855 NW 12 ST.  
SUITE 202  
City-State-Zip: DORAL FL 33126

*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: DAVID T. CASERTA**

**MANAGER**

**04/20/2016**

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

\_\_\_\_\_  
Date