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: CARLOS E SALINAS MGR

Authorized Person(s) Detail :			
Title	MGR	Title	MGR
Name	SALINAS, CARLOS E	Name	SALINAS, MOISES D
Address	10550 NW 65 LN	Address	10550 NW 65 LN
City-State-Zip:	DORAL FL 33178	City-State-Zip:	DORAL FL 33178

SUITE 110 MIAMI, FL 33172 US

8620 NW 97 AVE 206 DORAL, FL 33178

Current Mailing Address:

DOCUMENT# L14000142441

8315 NW 64 ST UNIT 4 DORAL, FL 33166 US

FEI Number: 30-0865257

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

YCCTAX LLC 11251 NW 20TH ST

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:

Entity Name: ST. MAARTEN 206 LLC

Current Principal Place of Business:

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

4169127401CC

Date