2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000473

1. Entity Name

Y4L, LLC

FILED

01 FEB 19 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2875 N.E. 191ST STREET SUITE S12 AVENTURA FL 33180	2875 N.E. 191ST STREET SUITE S12 AVENTURA FL 33180

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	20340 NE 15th ct Suite, Apt. #, etc.
City & State	City & State: MIAMI FL
Zip / Country	Zip: 33179 / Country

4. FEI Number: 65-0974524 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

LANSBURGH, ROBERT
2875 N.E. 191ST STREET
SUITE S12
AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable): 20340 NE 15th court

City: MIAMI **FL** Zip Code: 33179

8. 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 _____ 1-17-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~REED. YUDIN, P.A.~~ MGR MGR ~~ROBERT LANSBURGH~~ ROBERT ~~LANSBURGH~~ 2875 NE 191st #S12 AVENTURA, FL 33180 LANSBURGH MGR	☐ Delete		☐ Change ☐ Addition
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CR2E083 (11/00)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

SIGNATURE: SIGNATURE REQUIRED 1-17-01 305-935-1006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #