LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0I0 000 22739

1. Entity Name

Yellow Art, LLC

DO NOT WRITE IN THIS SPACE

9 6 9 8 8 2

2. Principal Place of Business	3. Mailing Address	
501 Menendez Avenue	501 Menendez Avenue	DO NOT WRITE IN THIS SPACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.	

City & State	City & State	4. FEI Number		Applied For
Coral Gables, FL	Coral Gables, FL			X Not Applicable

Zip	Country	Zip	Country	5. Certificate of Status Desired ☐	$5.00 Additional Fee Required
33146	USA	33146	USA		

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name   Julia Rivera

Street Address (P.O. Box Number is Not Acceptable)
501 Menendez Avenue

City   Coral Gables   FL   Zip Code 33146

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 X _Julia Rivera_   6/21/02
Signature, typed or printed name of registered agent and title if applicable   DATE

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM	TITLE	
NAME	Julia Rivera	NAME	
STREET ADDRESS	501 Menendez Avenue	STREET ADDRESS	
CITY-ST-ZIP	Coral Gables, FL 33146	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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TITLE		TITLE	IN THIS SPACE
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E083B (12/01)

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: X _Julia Rivera_ Julia Rivera, member   6/21/02 (305) 665-5323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #