

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000008168 1. Entity Name M.Y. L.L.C.			
Principal Place of Business 10171 SW 62 ST. MIAMI, FL 33173 US		Mailing Address PO BOX 831472 MIAMI, FL 33283 US	
2. Principal Place of Business - No P.O. Box # 10140 SW 60 Street		3. Mailing Address P.O. Box 831472	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Miami FL		City & State Miami, FL	
Zip 33173		Zip 33283-1472	
Country 		Country 	
4. FEI Number 90-0226993		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent VINAS, MARIA ELENA 10171 SW 62 ST. MIAMI, FL 33173		7. Name and Address of New Registered Agent Name Maria Elena Vinas Street Address (P.O. Box Number is Not Acceptable) 10140 SW 60 Street City Miami FL Zip Code 33173	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VINAS, MARIA ELENA PO BOX 831472 MIAMI, FL 33283 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600132944536 07/15/08--01025--001 **138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VINAS, YALENNIE PO BOX 831472 MIAMI, FL 33283 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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		Date 7-2-08 Daytime Phone # _____	