

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90007 041 ****50.00

DOCUMENT # L02000015217

1. Entity Name

YOYA, L.L.C.



Principal Place of Business

21180 MAIN SAIL CIRCLE B16
AVENTURA FL 33180

Mailing Address

21180 MAIN SAIL CIRCLE B16
AVENTURA FL 33180

2. Principal Place of Business

3. Mailing Address

18798 W DIXIE HWY
Suite, Apt. #, etc.

18798 W DIXIE HWY
Suite, Apt. #, etc.

City & State

N. H. B FL

City & State

N. H. B FL

Zip

33180

Country

Zip

33180

Country

4. FEI Number

02-0647503

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LANDAU, ORLY
21180 MAIN SAIL CIRCLE B16
AVENTURA FL 33180

Name **BENASULY, AVIRAM**

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

2950 N.E 190 ST # 114

City **AVENTURA**

FL

Zip Code **33180**

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: AVIRAM BENASULY 2-10-02

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete

NAME **AVIRAM BENASULY**
STREET ADDRESS **2950 N.E 190 ST # 114**
CITY-ST-ZIP **AVENTURA FL 33180**

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME **LANDAU, ORLY**
STREET ADDRESS **21180 MAIN SAIL CIRCLE B16**
CITY-ST-ZIP **AVENTURA FL 33180**

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME **BENASULY Yael**
STREET ADDRESS **2950 N.E 190 ST # 114**
CITY-ST-ZIP **AVENTURA FL 33180**

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)