

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000022947

1. Entity Name  
3 YYY, LLC



Principal Place of Business

2450 NE MIAMI GARDENS DRIVE  
2ND FLOOR  
NORTH MIAMI BEACH, FL 33180 US

Mailing Address

2450 NE MIAMI GARDENS DRIVE  
2ND FLOOR  
NORTH MIAMI BEACH, FL 33180 US



02232004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
16-1632908

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SUPRASKI, LOUIS A  
2450 NE MIAMI GARDENS DRIVE  
2ND FLOOR  
NORTH MIAMI BEACH, FL FL

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

000000128585  
04/26/04-80044-007 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
OREN, YAIR  
2450 NE MIAMI GARDENS DR, 2ND FL  
N. MIAMI BEACH, FL 33180

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
COLLINS, RON  
2450 NE MIAMI GARDENS DR, 2ND FL  
N. MIAMI BEACH, FL 33180

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
LUBARSKY, JONATHAN  
2450 NE MIAMI GARDENS DR, 2ND FL  
N. MIAMI BEACH, FL 33180

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

Date

Daytime Phone #