

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90196 013 ****50.00

DOCUMENT # L02000023983



1. Entity Name
Yael's Investments, LLC

Principal Place of Business
**18206 COLLINS AVENUE
SUNNY ISLES BEACH, FL 33160**

Mailing Address
**18206 COLLINS AVENUE
SUNNY ISLES BEACH, FL 33160**

2. Principal Place of Business - No P.O. Box #

9577 HARDING AVE

3. Mailing Address

9577 HARDING AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02092007 Chg-LLC CR2E083 (12/06)

City & State
SURFSIDE FL

City & State
SURFSIDE FL

4. FEI Number
52-2379641

Applied For
Not Applicable

Zip
33154

Country

Zip
33154

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GLEIZER, HERNAN
18206 COLLINS AVENUE
SUNNY ISLES BEACH, FL 33160**

Name
GLEIZER HERNAN

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

9577 HARDING AVE

City
SURFSIDE

FL

Zip Code
33154

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, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
GLEIZER, HERNAN
18206 COLLINS AVENUE
SUNNY ISLES BEACH, FL 33160** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
GLEIZER HERNAN
9577 HARDING AVE SURFSIDE FL 33154** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

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

Date

Daytime Phone #

2-15-07

305 865-0977