

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000005418**

1. Entity Name  
2 YY, LLC



**Principal Place of Business**

2450 N.E. MIAMI GARDENS DRIVE  
SECOND FLOOR  
NORTH MIAMI BEACH, FL 33180 US

**Mailing Address**

2450 N.E. MIAMI GARDENS DRIVE  
SECOND FLOOR  
NORTH MIAMI BEACH, FL 33180 US



02142005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-1043520

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 ESQ.  
2450 N.E. MIAMI GARDENS DRIVE  
SECOND FLOOR  
NORTH MIAMI BEACH, FL 33180

**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, 2005**

U00000347633  
04/30/05-80122-022 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME OREN, YAIR  
STREET ADDRESS 2450 N.E. MIAMI GARDENS DRIVE, 2ND FLOOR  
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33180

TITLE MGR  
NAME LUBARSKY, JONATHAN  
STREET ADDRESS 2450 N.E. MIAMI GARDENS DRIVE, 2ND FLOOR  
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33180

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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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)(f), 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 #

4/28/05