2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000006903

Entity Name: YOUR US BUSINESS BROKER, LLC

1280 SOUTH POWER LINE RD, STE 5

POMPANO BEACH, FL 33069

Address:

City-St-Zip:

FILED Jan 14, 2009 Secretary of State

Current Pr	incipal Place	of Business:	New Principal Pla	New Principal Place of Business:	
9900 WEST SAMPLE RD SUITE 101 CORAL SPRINGS, FL 33065				9900 WEST SAMPLE RD, SUITE 101 CORAL SPRINGS, FL 33065	
Current Mailing Address:			New Mailing Addr	New Mailing Address:	
9900 WEST SAMPLE RD , SUITE 101 CORAL SPRINGS, FL 33065				9900 WEST SAMPLE RD, SUITE 101 CORAL SPRINGS, FL 33065	
FEI Number:	20-0648251	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
ARIAS TON 2250 NW,	EANA ARIAS /AR & ASSOC 136 TH AVE E PINES, FL	IATES, PA			
The above in the State		submits this statement for the pu	rpose of changing its registe	ered office or registered agent, or both	
SIGNATUR					
	Electron	ic Signature of Registered Agen	t	Date	
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	CABRERA, LUIS	OWER LINE RD, STE 5	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ESCLUSA, ENR	OWER LINE RD, STE 5	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ESCLUSA, JÚÁI	OWER LINE RD, STE 5	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	AMADOR, FRAN	OWER LINE RD, STE 5	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	MGR () CARRILLO, JOS	Delete SE T	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Address:

City-St-Zip:

SIGNATURE: EDUARDO SOSA-BRANGER MR. 01/14/2009