2007 LIMITED LIABILITY COMPANY

DOCUMENT # L04000081407

EMPRESAS Y & V. LLC

SIGNATURE:

Lilly sunficur

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

ANNUAL REPORT

FILED Apr 27, 2007 8:00 am Secretary of State

04-27-2007 90037 042 ****50.00

| Principal Place of Business | | Mailing Address | | | 2004 | oroH | |
|---|---|---|---------------------------------------|---------------------------------|-------------------------|------------------------------|-----------------------------------|
| 1500 SAN REMO AVENUE, SUITE 125 CORAL GABLES, FL 33146 | | 1500 SAN REMO AVENUE, SUITE 125 CORAL GABLES, FL 33146 | | | 60042537 | | |
| | | | | | | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 01042007 | Chg-LLC | CR2E083 (| (12/06) |
| City & State | | City & State | | 4. FEI Numb 20-190 | | | Applied For Not Applicabl |
| Zip | Country | Zip | Country | 5. Certificate | e of Status Desired | | .00 Additional Required |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and | d Address of New R | Registered Ager | 18 |
| 8. The above | ABLES, FL 33146 a named entity submits this statement for tions of registered agent. | the purpose of changing its | City s registered office o | r registered agent, or bo | oth, in the State of Fk | FL | Zip Code liar with, and accept |
| SIGNATURE | Signature, typed or printed name of registered agent a | ind title if applicable. (NOT | E: Registered Agent signat | ture required when reinstating) | | DATE | |
| | iling Fee Is \$50.00 ue by May 1, 2007 | | | | | e check paya a Department | |
| 9. MANAGING MEMBERS/MANAGERS 10 | | | 10. | · | ADDITIONS, | /CHANGES | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR FERNANDEZ, ANGELA 1500 SAN REMO AVE, STE 125 CRAL GABLES, FL 33146 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | Change Addition |
| TITLE | | □ Delete | TITLE | | | | Change |

Date

Daytime Phone #

FERNANDEZ, ANGELA N/ NAME STREET ADDRESS 1500 SAN REMO AVE, STE 125 ST Ci CRAL GABLES, FL 33146 CITY-ST-ZIP T11 Delete TITLE NAME NΔI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of yustee empowered to execute this report as required by Chapter 608, Florida Statutes.

angela remandel