2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000086358

1. Entity Name
YO LLC

Principal Place of Business	Mailing Address
C/O GLINSKY 169 E FLAGLER ST., STE 1118 MIAMI, FL 33131	C/O GLINSKY 169 E FLAGLER ST., STE 1118 MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

01112006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-1940029
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GLINSKY, MICHAEL
169 E. FLAGLER ST., SUITE 118
MIAMI, FL 33131

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	DAJKSEL, YRIT
STREET ADDRESS	169 E. FLAGLER ST., SUITE 1118
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	MGRM
NAME	DAIKSEL, YAIR
STREET ADDRESS	169 E. FLAGLER ST., SUITE 1118
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000393352
01/25/06-80018-003 50.00

DO NOT WRITE IN THIS SPACE

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: _____ 1/13/06 786 385 8698
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #