

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90041 003 ***138.75

DOCUMENT # L05000000067

1. Entity Name
YAB IV, LLC



Principal Place of Business

782 NW LEJEUNE RD
SUITE 650
MIAMI, FL 33126 US

Mailing Address

782 NW LEJEUNE RD
SUITE 650
MIAMI, FL 33126 US

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

5805 Blue Lagoon Dr.
Suite, Apt. #, etc.
Suite 220

3. Mailing Address

5805 Blue Lagoon Dr.
Suite, Apt. #, etc.
Suite 220

02072008

Chg-LLC

CR2E083 (12/06)

4. FEI Number

20-3265922

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

JACOMINO, ANTONIO D
782 NW LEJEUNE RD
SUITE 650
MIAMI, FL 33126

New Address Only

7. Name and Address of New Registered Agent

Name
Jacomino, Antonio D.
Street Address (P.O. Box Number is Not Acceptable)
5805 Blue Lagoon Dr.
Suite 220
City
Miami FL Zip Code
33126

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	CAPRA, ALESSANDRO	
STREET ADDRESS	260 CRANDON BLVD. #48	
CITY-ST-ZIP	KEY BISCAVNE, FL 33149	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	CAPRA, NICCOLO	
STREET ADDRESS	260 CRANDON BLVD. #48	
CITY-ST-ZIP	KEY BISCAVNE, FL 33149	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	DE CAPRA, FRANCOIS A	
STREET ADDRESS	260 CRANDON BLVD. #48	
CITY-ST-ZIP	KEY BISCAVNE, FL 33149	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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 #

2/13/08