

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000103003

FILED
Jul 08, 2008
Secretary of State

Entity Name: Y.N.C. LLC

Current Principal Place of Business:

18901 NW 55TH AVENUE
OPA LOCKA, FL 33055 US

New Principal Place of Business:

Current Mailing Address:

18901 NW 55TH AVENUE
OPA LOCKA, FL 33055 US

New Mailing Address:

FEI Number: 20-3648186 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HENRY, JOHN
1815 GRIFFIN ROAD
SUITE 400
DANIA, FL 33004 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GOSINE, YUDESH
Address: 18901 NW 55TH AVENUE
City-St-Zip: OPA LOCKA, FL 33055 US

Title: MGR () Delete
Name: GOSINE, NARESH
Address: 18901 NW 55TH AVENUE
City-St-Zip: OPA LOCKA, FL 33055 US

Title: MGR (X) Delete
Name: GOSINE, CHITRA
Address: 18901 NW 55TH AVENUE
City-St-Zip: OPA LOCKA, FL 33055

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: YUDESH GOSINE

MGR

07/08/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date