

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/1/2006-90068-006-\$50.00-\$50.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 14 AM 8:49

DOCUMENT # L05000113071 1. Entity Name Y&V CANADA SERVICES, LLC					
Principal Place of Business 1500 SAN REMO AVENUE, SUITE 125 CORAL GABLES, FL 33146			Mailing Address 1500 SAN REMO AVENUE, SUITE 125 CORAL GABLES, FL 33146		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 04282006 Chg-LLC CR2E083 (11/05)	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				☒ Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ATRIUM REGISTERED AGENTS, INC. 1500 SAN REMO AVENUE, SUITE 125 CORAL GABLES, FL 33146			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☒ Addition	
			MGR Chacon, Cesar 1500 San Remo Ave. Ste. 125 Coral Gables, FL 33146		
			MGR Fernandez, Angela 1500 San Remo Ave. Ste. 125 Coral Gables, FL 33146		
			MGR Carvalho, Alejandro 1500 San Remo Ave. Ste. 125 Coral Gables, FL 33146		
			MGR Chirinos, Johnny 1500 San Remo Ave. Ste. 125 Coral Gables, FL 33146		
			MGR Hernandez, Leopoldo 1500 San Remo Ave. Ste. 125 Coral Gables, FL 33146		
			MGR Paez, Ronald 1500 San Remo Ave. Ste. 125 Coral Gables, FL 33146		
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: <i>Angela Fernandez</i>			Date 04.28.2006		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					