## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000113071

Entity Name: Y&V CANADA SERVICES, LLC

FILED Apr 02, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1500 SAN REMO AVENUE, SUITE 125 CORAL GABLES, FL 33146 **Current Mailing Address: New Mailing Address:** 1500 SAN REMO AVENUE, SUITE 125 CORAL GABLES, FL 33146 FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ATRIUM REGISTERED AGENTS, INC 1500 SAN REMO AVENUE, SUITE 125 CORAL GABLES, FL 33146 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: ADDITIONS/CHANGES: Title: () Change () Addition () Delete CHASON, CESAR Name: Name: 1500 SAN REMO AVENUE STE 125 Address: Address: City-St-Zip: CORAL GABLES, FL 33146 City-St-Zip: Title: MGR Title: ( ) Delete () Change () Addition FERNANDEZ, ANGELA Name: Name: Address: 1500 SAN REMO AVENUE, STE 125 Address: City-St-Zip: CORAL GABLES, FL 33146 City-St-Zip: Title: MGR () Delete Title: () Change () Addition CARVALLO, ALEJANDRO Name: Name: 1500 SAN REMO AVENUE, STE 125 Address: Address: City-St-Zip: CORAL GABLES, FL 33146 City-St-Zip: Title: MGR ( ) Delete Title: () Change () Addition CHIRINOS, JOHNNY Name: Name: 1500 SAN REMO AVENUE, STE 125 Address: Address: City-St-Zip: CORAL GABLES, FL 33146 City-St-Zip: Title: MGR () Delete Title: () Change () Addition HERNANDEZ, LEOPOLDO Name: Name: 1500 SAN REMO AVENUE, STE 125 Address: Address: City-St-Zip: CORAL GABLES, FL 33146 City-St-Zip: Title: () Delete Title: () Change () Addition PAEZ, RONALD Name: Name: Address: 1500 SAN REMO AVENUE, STE 125 Address: CORAL GABLES, FL 33146 City-St-Zip: 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: CESAR CHACON MGR 04/02/2009