

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 30, 2007 8:00 am
Secretary of State

07-30-2007 90028 017 ****50.00

DOCUMENT # L06000029209

1. Entity Name
YC HOLDINGS, LLC



Principal Place of Business
2821 SUMMERFIELD STREET
DELTONA, FL 32738

Mailing Address
2821 SUMMERFIELD STREET
DELTONA, FL 32738

60053734



2. Principal Place of Business - No P.O. Box #
2821 Summerfield St.
Suite, Apt. #, etc.

3. Mailing Address
2821 Summerfield St.
Suite, Apt. #, etc.

06072007 Chg-LLC CR2E083 (12/06)

City & State
Deltona FL
Zip 32738 Country USA

City & State
Deltona FL
Zip 32738 Country USA

4. FEI Number Applied For
☒ Not Applicable

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

6. Name and Address of Current Registered Agent

CORTES, YOLANDA
2821 SUMMERFIELD STREET
DELTONA, FL 32738

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by September 14, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME CORTES, YOLANDA
STREET ADDRESS 2821 SUMMERFIELD STREET
CITY-ST-ZIP DELTONA, FL 32738 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Yolanda Cortes, Manager

6-25-07 386-822-6908

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #