

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000053147

FILED
Mar 23, 2009
Secretary of State

Entity Name: DY & SY INVESTMENT GROUP, LLC.

Current Principal Place of Business:

301 W ATLANTIC AVE
STE 0-2
DELRAY BEACH, FL 33444

New Principal Place of Business:

334 NE 1ST AVE
DELRAY BEACH, FL 33444

Current Mailing Address:

301 W ATLANTIC AVE
STE 0-2
DELRAY BEACH, FL 33444

New Mailing Address:

334 NE 1ST AVE
DELRAY BEACH, FL 33444

FEI Number: 20-5599135

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YAFFA, DOREEN M
301 W ATLANTIC AVE STE 0-2
DELRAY BEACH, FL 33444 US

Name and Address of New Registered Agent:

YAFFA, SAMUEL M
334 NE 1ST AVE
DELRAY BEACH, FL 33444 US

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: SAMUEL M. YAFFA

03/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: YAFFA, DOREEN M
Address: 301 W ATLANTIC AVE O-2
City-St-Zip: DELRAY BEACH, FL 33444

Title: MGRM (X) Delete
Name: YAFFA, SAMUEL M
Address: 301 W ATLANTIC AVE O-2
City-St-Zip: DELRAY BEACH, FL 33444

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: YAFFA, SAMUEL M
Address: 334 NE 1ST AVENUE
City-St-Zip: DELRAY BEACH, FL 33444

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: SAMUEL M. YAFFA

MGR

03/23/2009

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