


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L06000053471	
1. Entity Name FYF HOLDINGS, LLC	

Principal Place of Business 1136 SW 8TH STREET MIAMI, FL 33130	Mailing Address 1136 SW 8TH STREET MIAMI, FL 33130
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**DO NOT WRITE IN THIS SPACE**



02072008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-5229610	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

POMARES, FERNANDO J  
 3431 SW 107TH STREET  
 MIAMI, FL 33165

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

L060000837385  
 03/04/08-80055-009 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GONZALEZ, FRANKLIN D 1136 SW 8TH STREET MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GONZALEZ, FRANK L 1136 SW 8TH STREET MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GONZALEZ, YEAN C 1136 SW 8TH STREET MIAMI, FL 33130
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Franklin Gonzalez / FRANKLIN GONZALEZ, PRES. 2/8/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #