

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000062219

FILED
Sep 16, 2009
Secretary of State

Entity Name: YNK CONSTRUCTION SERVICES, LLC

Current Principal Place of Business:

4751 SALADINO AVE.
NORTH PORT, FL 34287

New Principal Place of Business:

Current Mailing Address:

4751 SALADINO AVE.
NORTH PORT, FL 34287

New Mailing Address:

FEI Number: 20-5067435 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

KIFYUK, YAROSLAV
4751 SALADINO AVE.
NORTH PORT, FL 34287 US

Name and Address of New Registered Agent:

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:

Title: MGR () Delete
Name: KIFYUK, YAROSLAV
Address: 4751 SALADINO AVE.
City-St-Zip: NORTH PORT, FL 34287

Title: MGRM () Delete
Name: KIFYUK, VADIM
Address: 4751 SALADINO AVE
City-St-Zip: NORTH PORT, FL 34287

Title: MGRM () Delete
Name: KIFYUK, DAVID
Address: 4751 SALADINO AVE.
City-St-Zip: NORTH PORT, FL 34287

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: YAROSLAV KIFYUK

MGR

09/16/2009

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