

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 26, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000071871

1. Entity Name
YONAMI BROTHERS, LLC



Principal Place of Business

**7399 N.W. 74 STREET
MEDLEY, FL 33166**

Mailing Address

**7399 N.W. 74 STREET
MEDLEY, FL 33166**

DO NOT WRITE IN THIS SPACE



02222008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-5270475

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ROZENCWAIG, NADEL & FERRERO-CARR, LLP
301 W. HALLANDALE BEACH BOULEVARD
HALLANDALE BEACH, FL 33009**

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

04/03/08 00073-014 138.75

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SUAREZ, FERNANDO
7399 N.W. 74TH STREET
MEDLEY, FL 33166**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SUAREZ, MAIDA
7399 N.W. 74TH STREET
MEDLEY, FL 33166**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SUAREZ, LAZARO
7399 N.W. 74TH STREET
MEDLEY, FL 33166**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SUAREZ, YAMELIS
7399 N.W. 74TH STREET
MEDLEY, FL 33166**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: _____

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

MGR

3/20/08

Date

Daytime Phone #

(305)

884-2255

FERNANDO SUAREZ