

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

07 SEP 17 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000080542

1. Entity Name
JYDR CONSULTING, LLC



Principal Place of Business
20201 EAST COUNTRY CLUB DR
#1510
AVENTURA, FL 33180 US

Mailing Address
20201 EAST COUNTRY CLUB DR
#1510
AVENTURA, FL 33180 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09112007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASTRO, GREGORY
20201 EAST COUNTRY CLUB DR
#1510
AVENTURA, FL 33180

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

Gregory Castro
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

10th September 2007

DATE

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME CASTRO, GREGORY
STREET ADDRESS 20201 EAST COUNTRY CLUB DR
CITY-ST-ZIP AVENTURA, FL 33180

☐ Change ☐ Addition
800109773898
09/21/07--01067--005 **55.00

TITLE MGR ☒ Delete
NAME DUBERNARD, MICHA
STREET ADDRESS 8941 NE 10TH AVE
CITY-ST-ZIP MIAMI, FL 33138

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
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:

Gregory Castro

CASTRO GREGORY

10th September 07

0033609472525

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

Date

Daytime Phone #