

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000112475

FILED
Apr 24, 2009
Secretary of State

Entity Name: YAIBI, LLC

Current Principal Place of Business:

627 LIVE OAK LANE
WESTON, FL 33327 US

New Principal Place of Business:

405 VITTORIO AVE
CORAL GABLES, FL 33146 US

Current Mailing Address:

627 LIVE OAK LANE
WESTON, FL 33327 US

New Mailing Address:

405 VITTORIO AVE
CORAL GABLES, FL 33146 US

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA, PIERRE
627 LIVE OAK LANE
WESTON, FL 33327 US

Name and Address of New Registered Agent:

TOLAND, BRUCE
BRICKELL BAYVIEW CENTRE #2805
80 SW 8TH STREET
MIAMI, FL 33130 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: BRUCE TOLAND

04/24/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GARCIA, PIERRE
Address: 627 LIVE OAK LANE
City-St-Zip: WESTON, FL 33327 US

Title: MGR () Delete
Name: MERIZALDE, SEBASTIAN
Address: 627 LIVE OAK LANE
City-St-Zip: WESTON, FL 33327 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BECERRA, GABRIEL
Address: C/O BJT PA 80 SW 8TH STREET #2805
City-St-Zip: MIAMI, FL 33130 US

Title: MGR (X) Change () Addition
Name: MERIZALDE, SEBASTIAN
Address: 405 VITTORIO AVE
City-St-Zip: CORAL GABLES, FL 33146 US

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: GABRIEL BECERRA

MGR

04/24/2009

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