2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# L07000121620

Entity Name: YOLKAD, LLC

Current Principal Place of Business:

20225 NE 34CT
511
AVENTURA, FL 33180 US

New Principal Place of Business:

20533 BISCAYNE BLVD
356
AVENTURA, FL 33180 US

Current Mailing Address:

20225 NE 34CT
511
AVENTURA, FL 33180 US

New Mailing Address:

20533 BISCAYNE BLVD
356
AVENTURA, FL 33180 US

FEI Number: 37-1556699 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MELAMED, AVI
20225 NE 34CT
APT.511
AVENTURA, FL 33180 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: MGRM ( ) Delete
Name: MELAMED, AVI
Address: 20225 NE 34CT
City-St-Zip: APT.511, FL 33180 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: MELAMED, AVI
Address: 20225 NE 34 CT APT 511
City-St-Zip: AVENTURA, FL 33180 US

Title: MGRM ( ) Change (X) Addition
Name: ALVAREZ, DAVID
Address: 20225 NE 34 CT APT 511
City-St-Zip: AVENTURA, FL 33180 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: AVI MELAMED MGRM 04/06/2009

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