

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L08000029927

FILED
Jun 15, 2009
Secretary of State**Entity Name:** YORK STREET CONSTRUCTION, LLC**Current Principal Place of Business:**2450 NE MIAMI GARDENS DR.
200
MIAMI, FL 33180 FL**New Principal Place of Business:****Current Mailing Address:**2450 NE MIAMI GARDENS DR.
200
MIAMI, FL 33180 FL**New Mailing Address:****FEI Number:** **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**DIAZ, FRANK PA.
3400 CORAL WAY
600
MIAMI, FL 33145 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: DARDASHTI, DAVID
Address: 2450 NE MIAMI GARDENS DRIVE, ST. 200
City-St-Zip: MIAMI, FL 33180 US**Title:** MGR (X) Delete
Name: AILOS, MORDECHAI
Address: 2450 NE MIAMI GARDENS DR. - SUITE 200
City-St-Zip: MIAMI, FL 33180 US**Title:** MGR (X) Delete
Name: DARDASHTI, JONATHAN B
Address: 2450 NE MIAMI GARDENS DRIVE, STE 200
City-St-Zip: MIAMI, FL 33180 US**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: DAVID DARDASHTI MNG 06/15/2009

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