

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000031097

Entity Name: YAKOV ENTERPRISES, LLC

FILED  
Jul 02, 2009  
Secretary of State

## Current Principal Place of Business:

208 JEFFERSON AVE., STE 105  
MIAMI BEACH, FL 33139

## New Principal Place of Business:

208 JEFFERSON AVE.  
#105  
MIAMI BEACH, FL 33139

## Current Mailing Address:

208 JEFFERSON AVE., STE 105  
MIAMI BEACH, FL 33139

## New Mailing Address:

208 JEFFERSON AVE.  
#105  
MIAMI BEACH, FL 33139

FEI Number: 75-3267395      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

COHL, JACOB  
208 JEFFERSON AVE., STE 105  
MIAMI BEACH, FL 33139      US

## Name and Address of New Registered Agent:

COHL, JACOB  
208 JEFFERSON AVE.  
#105  
MIAMI BEACH, FL 33139      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: JACOB COHL

07/02/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR      ( ) Delete  
Name: COHL, JACOB  
Address: 208 JEFFERSON AVE., STE 105  
City-St-Zip: MIAMI BEACH, FL 33139

## ADDITIONS/CHANGES:

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: JACOB COHL

MGR

07/02/2009

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