## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L08000108703

Entity Name: Y.A.H.M.Z., LLC

Title:

Name:

Address:

City-St-Zip:

( ) Delete

1100 NORTHWEST RIVER DRIVE

VELEAS, DEAN

MIAMI, FL 33136

FILED Sep 02, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1100 NORTHWEST RIVER DRIVE MIAMI, FL 33136 **Current Mailing Address: New Mailing Address:** P.O. BOX 450825 MIAMI, FL 33245 FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X) 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: Name and Address of New Registered Agent: SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete VELEAS, DEAN Name: Name: Address: 1100 NORTHWEST RIVER DRIVE Address: City-St-Zip: MIAMI, FL 33136 City-St-Zip: Title: MGR Title: ( ) Delete () Change () Addition Name: STURGIS, JAN Name: Address: 1100 NORTHWEST RIVER DRIVE Address: City-St-Zip: MIAMI, FL 33136 City-St-Zip: Title: () Delete Title: () Change () Addition STURGIS, JAN Name: Name: 1100 NORTHWEST RIVER DRIVE Address: Address: City-St-Zip: MIAMI, FL 33136 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.

Title:

Name:

Address:

City-St-Zip:

() Change () Addition

SIGNATURE: DEAN VELEAS MR 09/02/2009