## L14000115337

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## COVER LETTER

TO: Registration Section Division of Corporations	•	•			
Y.R.B DEVELOPMENTS LL	_C				
SUBJECT: Name of L	Limited Liability Com	рапу			
Dear Sir or Madam:					
The enclosed Statement of Authority and fee(s) are	e submitted for filing.				
Please return all correspondence concerning this m	natter to the following	:			
Name of Person					
Y.R.B DEVELOPMENTS LLC					
Firm/Company					
3330 NE 190 STREET, #2614					
Address					
Aventura, FL 33180					
City/State and Zip Code	·				
doron@modernodev.com					
E-mail address: (to be used for future ann	ual report notification	1)			
For further information concerning this matter, ple	ase call:				
Dee Chopyak	954	351-8840 ext 3  Daytime Telephone Number			
Name of Person	Area Code	Daytime Telephone Number			
STREET/COURIER ADDRESS:		G ADDRESS:			
Registration Section	Registration Section				
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327				
2661 Executive Center Circle	Tallahassee, Florida 32314				

Tallahassee, Florida 32301

## STATEMENT OF AUTHORITY

authority	<b>/</b> :				company submits the	_	ent of
FIRST:	The name of	of the limited lia	ability company is: _	Y.R.B DEV	ELOPMENTS LI	LC 	
SECON	D: The Flor	rida Document	Number of the limite	ed liability con	npany is: L140001	15337	
THIRD:		address of the l	imited liability comp ET, #2614	oany's principa	al office is:		
	Aventura	a, FL 33180	)				
	The maili	ng address of th	ne limited liability co		ipal office is:		1 (BC) 21 PM
	3330 NE	190 STRE	ET, #2614		<u> </u>		
	Aventura	, FL 33180	}				ِ ن
	1. May ex		oron Broman		I in the name of the co		
	b.	No authority	granted to:				
	2. May et a.		ransactions on behall Doron Broman		ise act for or bind, the	e company.	
	b.	No authority	granted to:				
	4				Uri Redler		
Signature	e of authoriz	ed representati	Filing Fee:	\$25.00 Copy: \$30.00 (	Typed or printed r	name of signature	_