2003 LIMITED LIABILITY COMPANY

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9500000821 1. Entity Name

YAMA, L.C.

SIGNATURE:



FILED
Mar 27, 2003 8:00 am
Secretary of State
03-27-2003 90013 045 ****50.00

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| Zip Country Zip Country | Suite, Apt. | #, etc. | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | CHECK HERE IF MAKING CHANGES | | | |
| S. Name and Address of Current Registered Agent S. South Address of New Registered Agent S. Name and Address of New Registered Agent T. Name and Agent T. Name and Agent T. Name and Agent T. Na | City & State | e | City & State | City & State | | nber 65-0615522 | | <u> </u> | |
| FERDIE. AINSLEE R 717 PONCE DE LEON BLVD. STE 215 CORAL GABLES FL 33134 City FL Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Time above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Time above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Time above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. MARK | Zip | | Zip | Country | 5. Certifica | ate of Status Desired | \$5.00 | | |
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| Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code 6. 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. I am familiar with, and accept me obligations of registered agent. SIGNATURE Signature, Types or printed name of registered agent and title of agriculture Potter Inspirator Repeats required small registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent and title of agriculture Potter Inspirator Repeats required small register requ | | | | Name | | | | | |
| R. The above named entity submits this statement for the purpose of changing its registered affect or registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent. SIGNATURE Gradule, hyped or printed name of migratered agent and till of applicable. (NOTE Registered Agent agrundur requires when mentatory) DATE FILE NOW!!! FEE IS \$50.00 | 717 | PONCE DE LEON BLVD. STE 219 | 5 | Street Addres | | (P.O. Box Number is Not Acceptable) | | | |
| 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature typed or printed name of registered agent and the fispicules (NOTE Registered Agent signature request when sentiating) DATE | COR | AL GABLES FL 33134 | | | | | | | |
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| SIGNATURE Signature, typed or primed name of registered agent and title if expicable (NOTE: Registered Agent signature required when mendature) DATE | | | or the purpose of changing it | ts registered office or | registered agent, or t | ooth, in the State of Florida | a. I am familiar w | vith, and accept | |
| Signature, typed or printed name of registered agent and tilled supplicables. PELE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State | • | ions of registered agent. | | | | | | | |
| MANAGING MEMBERS / MANAGERS 10. ADDITIONS/CHANGES TITLE MAME RIKMAN, SHAUL | SIGNATURE . | Signature, typed or printed name of registered agen | t and title if applicable. (NC | OTE: Registered Agent signatu | re required when reinstating) | | DATE | | |
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