

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 05, 2008 8:00 am
Secretary of State

08-05-2008 90022 027 ***138.75

DOCUMENT # M07000002841	
1. Entity Name YAZBECK CONSULTING, LLC	

Principal Place of Business 1027 PENNSYLVANIA AVE, STE 201 MIAMI FL 33139	Mailing Address 1027 PENNSYLVANIA AVE, STE 201 MIAMI FL 33139
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2. Principal Place of Business - No P.O. Box # 101 Broadway, Suite 402	3. Mailing Address 101 Broadway, Suite 402
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2nd MOORE CR2E083 (4/08)

City & State Brooklyn, NY	City & State Brooklyn, NY
Zip 11211	Country USA

4. FEI Number 20-8727833	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent BUSINESS FILINGS INCORPORATED 1203 GOVERNOR'S SQUARE BLVD SUITE 101 TALLAHASSEE FL 32301-2960	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$538.75 Make Check Payable to Florida Department of State Due By September 3, 2008	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited liability company certifies it did not receive prior notice. Fee to file is \$138.75 ☒
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YAZBECK, SEAN 1027 PENNSYLVANIA AVE, STE 201 MIAMI FL 33139 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARIN, CYNTHIA 1027 PENNSYLVANIA AVE, STE 201 MIAMI FL 33139 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Partner Joshua Mangerson 342 Bedford Ave. 4A Brooklyn, NY 11211 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Partner John Rafferty 139 Pinebrook Dr. Hyde Park, NY 12538 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  **Joshua Mangerson** 7/29/08 917-609-0284
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #