

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000121620

**Entity Name:** YOLKAD, LLC

**Current Principal Place of Business:**

16750 NE 10TH AVE  
APT 327  
NORTH MIAMI, FL 33162

**Current Mailing Address:**

16750 NE 10TH AVE  
APT 327  
NORTH MIAMI, FL 33162 US

**FEI Number:** 37-1556699

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MELAMED, AVI  
16750 NE 10TH AVE  
APT 327  
NORTH MIAMI, FL 33162 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:** MELAMED, AVI

04/22/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MANAGER  
Name MELAMED, AVI  
Address 16750 NE 10TH AVE  
APT 327  
City-State-Zip: NORTH MIAMI FL 33162

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** AVI MELAMED

FOUNDER AND CEO

04/22/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date