

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 27, 2007
Secretary of State

DOCUMENT# L06000058311

Entity Name: LINGERIE OFFICE, LLC

Current Principal Place of Business:

C/O GLENN M. COOPER & ASSOCIATES, PA
150 S. PINE ISLAND RD, SUITE 105
PLANTATION, FL 33324 US

New Principal Place of Business:

12 RUE AUX OURS
BENHAMOU
PARIS, FR 75003 FR

Current Mailing Address:

C/O GLENN M. COOPER & ASSOCIATES, PA
150 S. PINE ISLAND RD, SUITE 105
PLANTATION, FL 33324 US

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () 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:

COOPER, GLENN M
150 S. PINE ISLAND RD
SUITE 105
PLANTATION, FL 33324 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: COOPER GLENN

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: BENHAMOU, DAN
Address: 12 RUE AUX OURS
City-St-Zip: PARIS, FR 75003 FR

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: BENHAMOU, DEBORAH
Address: 12 RUE AUX OURS
City-St-Zip: PARIS, FR 75003 FR

Title: () Change () Addition
Name:
Address:
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.

SIGNATURE: BENHAMOU DEBORAH

MGRM

10/27/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date