

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000074445

Entity Name: MULTI SALES & PRODUCTS LLC

FILED
Jan 13, 2007
Secretary of State

Current Principal Place of Business:

155 SOUTH MIAMI AVE
STE 210
MIAMI, FL 33130

New Principal Place of Business:

155 SOUTH MIAMI AVE
STE PH1F
MIAMI, FL 33130

Current Mailing Address:

155 SOUTH MIAMI AVE
STE 210
MIAMI, FL 33130

New Mailing Address:

155 SOUTH MIAMI AVE
STE PH1F
MIAMI, FL 33130

FEI Number: 20-3430500

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOODBIDGE, FREDERICK JR.
7700 N. KENDALL DRIVE
SUITE 809
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PSDT () Delete
Name: LEMARIE, GHISLAIN PSDT
Address: 155, SOUTH MIAMI AVE, STE 210
City-St-Zip: MIAMI, FL 33130

Title: MGRM () Delete
Name: LE GALLO, NATHALIE
Address: 5100 S.W. 65TH AVENUE
City-St-Zip: MIAMI, FL 33155

Title: GM () Delete
Name: FORY, YANN GM
Address: 155, SOUTH MIAMI AVE, STE 210
City-St-Zip: MIAMI, FL 33130

ADDITIONS/CHANGES:

Title: PSDT (X) Change () Addition
Name: LEMARIE, GHISLAIN PSDT
Address: 155, SOUTH MIAMI AVE, STE PH1F
City-St-Zip: MIAMI, FL 33130

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

Title: GM (X) Change () Addition
Name: FORY, YANN GM
Address: 155, SOUTH MIAMI AVE, STE PH1F
City-St-Zip: MIAMI, FL 33130

I hereby certify that the information supplied with this filing does not qualify for the 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: GHISLAIN LEMARIE

PSDT

01/13/2007

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