

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

03-24-2008 90234 046 ***138.75

DOCUMENT # L07000122389 1. Entity Name DEZER LAROCHE HOLDINGS LLC					
Principal Place of Business 18001 COLLINS AVENUE 31ST FLOOR SUNNY ISLES BEACH, FL 33160			Mailing Address 18001 COLLINS AVENUE 31ST FLOOR SUNNY ISLES BEACH, FL 33160		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 80-0030727 ☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BRANT, BARRY M 200 SOUTH BISCAYNE BLVD., SIXTH FLOOR MIAMI, FL 33131-2310			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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR DEZER, MICHAEL 18001 COLLINS AVENUE 31ST FLOOR SUNNY ISLES BEACH, FL 33160	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR DEZERTZOV, NEOMI 18001 COLLINS AVENUE 31ST FLOOR SUNNY ISLES BEACH, FL 33160	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR DEZER, GIL 18001 COLLINS AVENUE 31ST FLOOR SUNNY ISLES BEACH, FL 33160	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR DEZER, LESLIE 18001 COLLINS AVENUE 31ST FLOOR SUNNY ISLES BEACH, FL 33160	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete				
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: <u>Neom Dezertsov</u> N. DEZERTZOV <u>3/21/08</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		

4/24/08