

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000074445

FILED
Apr 30, 2009
Secretary of State

Entity Name: MULTI SALES & PRODUCTS LLC

Current Principal Place of Business:

155 SOUTH MIAMI AVE
STE PH1F
MIAMI, FL 33130

New Principal Place of Business:

Current Mailing Address:

155 SOUTH MIAMI AVE
STE PH1F
MIAMI, FL 33130

New Mailing Address:

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:

WOODBIDGE, FREDERICK JR.
701 BRICKELL AVENUE
SUITE 1650
MIAMI, FL 33131 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:

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

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

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

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: GHISLAIN LEMARIE

PSDT

04/30/2009

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