

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000122389

**FILED**  
**Feb 13, 2012**  
**Secretary of State**

**Entity Name:** DEZER LAROCHE HOLDINGS LLC

**Current Principal Place of Business:**

18001 COLLINS AVENUE 31ST FLOOR  
SUNNY ISLES BEACH, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

18001 COLLINS AVENUE 31ST FLOOR  
SUNNY ISLES BEACH, FL 33160

**New Mailing Address:**

**FEI Number:** 80-0030727

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BRANT, BARRY M  
200 SOUTH BISCAYNE BLVD., SIXTH FLOOR  
MIAMI, FL 331312310 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:** MGR  
**Name:** DEZER, MICHAEL  
**Address:** 18001 COLLINS AVENUE 31ST FLOOR  
**City-St-Zip:** SUNNY ISLES BEACH, FL 33160

**Title:** MGR  
**Name:** DEZERTZOV, NEOMI  
**Address:** 18001 COLLINS AVENUE 31ST FLOOR  
**City-St-Zip:** SUNNY ISLES BEACH, FL 33160

**Title:** MGR  
**Name:** DEZER, GIL  
**Address:** 18001 COLLINS AVENUE 31ST FLOOR  
**City-St-Zip:** SUNNY ISLES BEACH, FL 33160

**Title:** MGR  
**Name:** DEZER, LESLIE  
**Address:** 18001 COLLINS AVENUE 31ST FLOOR  
**City-St-Zip:** SUNNY ISLES BEACH, FL 33160

I hereby 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:** N. DEZER

MGR

02/13/2012

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