## 2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000094137

Entity Name: LGCS INC.

**Current Principal Place of Business:** 

19 EAST 57TH STREET

NEW YORK, NY 10022

**Current Mailing Address:** 

19 EAST 57TH STREET NEW YORK, NY 10022 US

FEI Number: 90-0908042 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 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:

City-State-Zip:

City-State-Zip:

Electronic Signature of Registered Agent

Date

**FILED** Jan 11, 2015

**Secretary of State** 

CC0127125534

Officer/Director Detail :

Title **PRESIDENT** Title VΡ

ROLLIER, ALEXIS Name DESVIGNES, ELIZABETH Name

19 EAST 57TH STREET Address Address 19 EAST 57TH STREET

C/O LVMH INC. C/O LVMH INC.

NEW YORK NY 10022 City-State-Zip: NEW YORK NY 10022

Title VΡ Title **TREASURER** 

Name JOHNSON, MAUREEN Name HOO, SHERMAN

Address 19 EAST 57TH STREET Address **525 MARKET STREET** 

C/O LVMH INC. C/O SEPHORA USA, INC. 32ND

**FLOOR** NEW YORK NY 10022

SAN FRANCISCO CA 94105-2708 City-State-Zip:

Title SECRETARY

Title ASST. SECRETARY Name BAYSINGER, ERIC FIRESTONE, LOUISE Name 525 MARKET STREET Address

C/O SEPHORA USA, INC. 32ND Address 19 EAST 57TH STREET

**FLOOR** C/O LVMH INC.

NEW YORK NY 10022 City-State-Zip: SAN FRANCISCO CA 94105-2708 City-State-Zip:

Title DIRECTOR Title DIRECTOR

Name DESVIGNES, ELISABETH Name ROLLIER, ALEXIS

Address 19 EAST 57TH STREET Address 19 EAST 57TH STREET

> C/O LVMH INC. C/O LVMH INC.

NEW YORK NY 10022 NEW YORK NY 10022 City-State-Zip: City-State-Zip:

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LOUISE FIRESTONE 01/11/2015 ASSISTANT SECRETARY

Electronic Signature of Signing Officer/Director Detail

Date