

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000079010

**Entity Name:** SJM WHOLESALE COSMETIC & VARIETY, LLC

**Current Principal Place of Business:**

20340 NE 15 COURT  
MIAMI, FL 33179

**Current Mailing Address:**

PO BOX 260700  
PEMBROKE PINES, FL 33026 US

**FEI Number:** 26-2581794

**Certificate of Status Desired:** No

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

JULES, CELINE  
20340 NE 15 COURT  
MIAMI, FL 33179 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title P  
Name JULES, CELINE  
Address PO BOX 260700  
City-State-Zip: PEMBROKE PINES FL 33168

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CELINE JULES

**MANAGING MEMBER**

**04/21/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date