

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000103319

**Entity Name:** MERCHANT PERFECT OF FLORIDA, LLC**Current Principal Place of Business:**4770 BISCAYNE BLVD.  
1400  
MIAMI, FL 33137**Current Mailing Address:**4770 BISCAYNE BLVD.  
1400  
MIAMI, FL 33137**FEI Number:** 26-3660100**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GALBUT, ABRAHAM A  
4770 BISCAYNE BLVD  
1400  
MIAMI, FL 33137 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	MGR
Name	GALBUT, ERIC
Address	4770 BISCAYNE BLVD., STE 1400
City-State-Zip:	MIAMI FL 33137

Title	MGR
Name	SOD, JACOB
Address	4770 BISCAYNE BLVD., STE 1400
City-State-Zip:	MIAMI FL 33137

Title	PRESIDENT
Name	SOD, JACOB
Address	4770 BISCAYNE BLVD. 1400
City-State-Zip:	MIAMI FL 33137

Title	VP, TREASURER
Name	GALBUT, ERIC B
Address	4770 BISCAYNE BLVD. 450
City-State-Zip:	MIAMI FL 33137

Title	VP, SECRETARY
Name	GALBUT, ABRAHAM A
Address	4770 BISCAYNE BLVD. 1400
City-State-Zip:	MIAMI FL 33137

Title	VP
Name	ROTH, ZEV
Address	4770 BISCAYNE BLVD. 450
City-State-Zip:	MIAMI FL 33137

*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:** ERIC B GALBUT**MANAGER****04/28/2014**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date