

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000155959

**Entity Name:** MAISON PROUST NY, LLC

**Current Principal Place of Business:**

9455 COLLINS AVENUE  
SUITE 709  
SURFSIDE, FL 33154

**FILED**  
**Apr 24, 2013**  
**Secretary of State**  
**CC8365019791**

**Current Mailing Address:**

9455 COLLINS AVENUE  
SUITE 709  
SURFSIDE, FL 33154 US

**FEI Number:** 46-1599809

**Certificate of Status Desired:** No

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

LEVINE, ALAN W  
1110 BRICKELL AVENUE  
SUITE 700  
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:**

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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name NORTON, NOELE  
Address 9455 COLLINS AVENUE, SUITE 709  
City-State-Zip: SURFSIDE FL 33154

Title MGR  
Name BELLIO, GABRIELA  
Address 9455 COLLINS AVENUE, SUITE 709  
City-State-Zip: SURFSIDE FL 33154

Title MGR  
Name MAIA, LUIZ FELIPE  
Address 9455 COLLINS AVENUE, SUITE 709  
City-State-Zip: SURFSIDE FL 33154

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LUIZ FELIPE MAIA

**PRESIDENT**

**04/24/2013**

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

\_\_\_\_\_  
Date