

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000131517

**Entity Name:** ROUX PROPERTIES JACKSONVILLE, LLC

**Current Principal Place of Business:**

5344 OVERMYER DRIVE  
JACKSONVILLE, FL 32254

**Current Mailing Address:**

2147 RT. 27  
EDISON, NJ 08818 US

**FEI Number:** 46-3691132

**Certificate of Status Desired:** No

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

CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 32410 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:** KIM LEONARD, ASST. SECRETARY

03/28/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            PRESIDENT  
Name            PAMICH, SENNEN  
Address        5344 OVERMYER DRIVE  
City-State-Zip: JACKSONVILLE FL 32254

Title            VP  
Name            FIGUEROO, JUAN  
Address        5344 OVERMYER DRIVE  
City-State-Zip: JACKSONVILLE FL 32254

Title            VP, ASST. SECRETARY  
Name            ALMANI, YOSSE  
Address        ONE NEW YORK PLAZA  
City-State-Zip: NEW YORK NY 10004

Title            VP  
Name            HORMOZI, MITRA  
Address        5344 OVERMYER DRIVE  
City-State-Zip: JACKSONVILLE FL 32254

Title            VP, COMPTROLLER  
Name            ANDERSON, SIOBHAN  
Address        C/O REVLON INC  
                  1 NEW YORK PLAZA  
City-State-Zip: NEW YORK NY 10004

Title            VP  
Name            ANDERSON, SIOBHAN  
Address        C/O REVLON INC  
                  1 NEW YORK PLAZA  
City-State-Zip: NEW YORK NY 10004

Title            SECRETARY  
Name            SHEEHAN, MICHAEL  
Address        C/O REVLON INC  
                  1 NEW YORK PLAZA  
City-State-Zip: NEW YORK NY 10004

Title            VP  
Name            SOCK, MARK  
Address        C/O REVLON INC  
                  2147 ROUTE 27  
City-State-Zip: EDISON NJ 08818

*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:** MARK SOCK

VICE PRESIDENT

03/28/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date