

**2017 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L15000036593

**Entity Name:** LES DELICES DU CHEF LLC

**Current Principal Place of Business:**

740 NW 24TH STREET  
MIAMI , FL 33127

**Current Mailing Address:**

740 NW 24TH STREET  
MIAMI , FL 33127 US

**FEI Number: 35-2527941**

**Certificate of Status Desired: No**

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

MOYAL ACCOUNTING SERVICES INC  
10796 PINES BLVD  
SUITE 204  
PEMBROKE PINES, FL 33026 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                    | Title           | MGR                    |
| Name            | CHOPIN, JEAN LUC       | Name            | CHOPIN, VERONIQUE      |
| Address         | 25 RUE DE KERMA-BERGAL | Address         | 25 RUE DE KERMA-BERGAL |
| City-State-Zip: | LANDAUL FRANCE 56690   | City-State-Zip: | LANDAUL FRANCE 56690   |

*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: CHOPIN , JEAN LUC**

**MGR**

**03/02/2017**

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

\_\_\_\_\_  
Date