

**2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M03000003316

**Entity Name:** LVMH FRAGRANCE BRANDS US LLC

**Current Principal Place of Business:**

19 EAST 57TH STREET  
NEW YORK, NY 10022

**FILED**  
**Jan 03, 2017**  
**Secretary of State**  
**CC0290184780**

**Current Mailing Address:**

19 EAST 57TH STREET  
5TH FL  
NEW YORK, NY 10022

**FEI Number:** 06-1688491

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 MEMBER  
Name LVMH PERFUMES AND COSMETICS INC.  
Address 19 EAST 57TH STREET  
City-State-Zip: NEW YORK NY 10022

Title S  
Name FIRESTONE, LOUISE  
Address 19 EAST 57TH STREET  
City-State-Zip: NEW YORK NY 10022

Title SENIOR VICE PRESIDENT, TREASURER  
Name CHARFI, GAEL  
Address 19 EAST 57TH STREET  
City-State-Zip: NEW YORK NY 10022

Title VP  
Name JOHNSON, MAUREEN  
Address 19 EAST 57TH STREET  
City-State-Zip: NEW YORK NY 10022

Title CHAIRMAN  
Name SPITZER, ROMAIN  
Address 19 EAST 57TH STREET  
City-State-Zip: NEW YORK NY 10022

Title PRESIDENT  
Name MUNAFO, NICHOLAS  
Address 19 EAST 57TH STREET  
City-State-Zip: NEW YORK NY 10022

Title SENIOR VICE PRESIDENT  
Name BROWN, DEBORAH  
Address 19 EAST 57TH STREET  
City-State-Zip: NEW YORK NY 10022

Title MANAGER  
Name SPITZER, ROMAIN  
Address 19 EAST 57TH STREET  
City-State-Zip: NEW YORK NY 10022

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*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:** LOUISE FIRESTONE

**SECRETARY**

**01/03/2017**

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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title           MANAGER  
Name           MELWANI, ANISH  
Address        19 EAST 57TH STREET  
City-State-Zip: NEW YORK NY 10022