

2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M13000002096

Entity Name: NYON SERVICES LLC

Current Principal Place of Business:

2455 E. SUNRISE BLVD STE 402
FT LAUDERDALE, FL 33304

Current Mailing Address:

2455 E. SUNRISE BLVD STE 402
FT LAUDERDALE, FL 33304

FEI Number: 46-1682389

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 MANAGER
Name NYON LLC
Address 2455 E. SUNRISE BLVD STE 402
City-State-Zip: FT LAUDERDALE FL 33304

Title CHIEF FINANCIAL OFFICER
Name VACHER DE LA CROIX, PIERIC JOEL
Address 2455 E. SUNRISE BLVD STE 402
City-State-Zip: FT LAUDERDALE FL 33304

Title CFO
Name SBERRO, JEAN CLAUDE
Address 2455 E. SUNRISE BLVD STE 402
City-State-Zip: FT LAUDERDALE FL 33304

Title COO
Name ORLANDO, GIANCARLO LEONIDAS
Address 2455 E. SUNRISE BLVD STE 402
City-State-Zip: FT LAUDERDALE FL 33304

Title VP
Name JOHNSON, MAUREEN
Address 19 EAST 57TH STREET
 C/O LVMH MOET HENNESSY LOUIS
 VUITTON INC. FIFTH FLOOR
City-State-Zip: NEW YORK NY 10022

Title SECRETARY
Name FIRESTONE, LOUISE
Address 19 EAST 57TH STREET
 C/O LVMH MOET HENNESSY LOUIS
 VUITTON INC. FIFTH FLOOR
City-State-Zip: NEW YORK NY 10022

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/AUGHORIZ 01/06/2017
D PERSON

Electronic Signature of Signing Authorized Person(s) Detail

Date