

**2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M14000002496

**Entity Name:** FUSION WORLD DD LLC

**Current Principal Place of Business:**

2455 E. SUNRISE BLVD., SUITE 402  
FT. LAUDERDALE, FL 33305

**Current Mailing Address:**

C/O LVMH MOET HENNESSY LOUIS VUITTON, INC.  
19 EAST 57TH STREET  
NEW YORK, NY 10022

**FEI Number:** 46-5082586

**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 VICE PRESIDENT  
Name JOHNSON, MAUREEN  
Address 19 EAST 57TH STREET  
FIFTH FLOOR  
City-State-Zip: NEW YORK NY 10022

Title SECRETARY  
Name FIRESTONE, LOUISE  
Address 19 EAST 57TH STREET  
FIFTH FLOOR  
City-State-Zip: NEW YORK NY

Title CFO  
Name SBERRO, JEAN FRANCOIS  
Address 2455 E. SUNRISE BLVD., SUITE 402  
City-State-Zip: FT. LAUDERDALE FL 33305

Title CHIEF EXECUTIVE OFFICER  
Name VACHER DE LA CROIX, PIERIC JOEL  
Address 2455 E. SUNRISE BLVD., SUITE 402  
City-State-Zip: FT. LAUDERDALE FL 33305

Title CHIEF OPERATING OFFICER  
Name ORLANDO, LEONIDAS GIANCARLO  
Address 2601 SOUTH BAY SHORE DRIVE  
SUITE 1150  
City-State-Zip: MIAMI FL 33133

*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**

**01/09/2017**

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

\_\_\_\_\_  
Date