

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

DOCUMENT# M16000004541

**FILED  
Jun 28, 2017  
Secretary of State  
CC2401978237**

**Entity Name:** REBECCA TAYLOR RETAIL STORES, LLC

**Current Principal Place of Business:**

306 W 37TH STREET  
TENTH FLOOR  
NEW YORK, NY 10018

**Current Mailing Address:**

REBECCA TAYLOR RETAIL STORES, LLC  
ATTN: BRUCE MIGLIACCIO, CFO 306 W. 37TH STREET, 10TH FLOOR  
NEW YORK, NY 10018 US

**FEI Number: 13-4117716**

**Certificate of Status Desired: No**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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  
Name BORELL, JONATHAN H  
Address 5200 TOWN CENTER CIRCLE  
SUITE 600  
City-State-Zip: BOCA RATON FL 33486

Title MGR  
Name SKILLEN, R. LYNN  
Address 5200 TOWN CENTER CIRCLE  
SUITE 600  
City-State-Zip: BOCA RATON FL 33486

Title MGR  
Name SULLIVAN, JANICE  
Address 306 W. 37TH STREET  
10TH FLOOR  
City-State-Zip: NEW YORK NY 10018

Title CEO, PRESIDENT  
Name SULLIVAN, JANICE  
Address 306 W 37TH STREET  
TENTH FLOOR  
City-State-Zip: NEW YORK NY 10018

Title CEO, COO, SECRETARY  
Name MIGLIACCIO, BRUCE  
Address 306 W 37TH STREET  
TENTH FLOOR  
City-State-Zip: NEW YORK NY 10018

*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: BRUCE MIGLIACCIO**

**SECRETARY**

**06/28/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date