


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90019 043 ***138.75

DOCUMENT # L00000000552		
1. Entity Name LA PERFUME L.L.C.		
Principal Place of Business 2800 EAST COMMERCIAL BLVD STE 208 FT LAUDERDALE, FL 33308		Mailing Address 2800 EAST COMMERCIAL BLVD STE 208 FT LAUDERDALE, FL 33308
2. Principal Place of Business - No P.O. Box # 175 W. CAMINO REAL BOCA RATON, FL 33432 U.S.A	3. Mailing Address 13900 S. JOG RD # 203-276 DELRAY BEACH, FL 33446 U.S.A	



02292008 Chg-LLC CR2E083 (12/06)

4. FEI Number 30-0057724	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent ALLEN H. KATZ PA 2800 EAST COMMERCIAL BLVD STE 208 FT LAUDERDALE, FL 33308	7. Name and Address of New Registered Agent Name ALLEN H KATZ, P.A. 13900 S. JOG ROAD # 203-276 DELRAY BEACH, FL 33446 L Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VARDI, LIOR 500 THREE ISLAND BLVD #M25 HALLENDALE, FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Lior Vardi

4/28/08

Date

Daytime Phone #