

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000012298

Entity Name: ONE-OF-ONE, LLC

FILED  
Apr 30, 2009  
Secretary of State

## Current Principal Place of Business:

18911 STERLING DRIVE  
CUTLER BAY, FL 33157

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 565384  
MIAMI, FL 33256

## New Mailing Address:

FEI Number: 52-2271074

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

DISCH, ELIETTE  
18911 STERLING DRIVE  
CUTLER BAY, FL 33157 US

## Name and Address of New Registered Agent:

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

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: DISCH, ELIETTE  
Address: P.O. BOX 565384  
City-St-Zip: MIAMI, FL 33256

Title: MGR ( ) Delete  
Name: SALCINO-RUIZ, MARIA  
Address: 3024 MCDONALD STREET  
City-St-Zip: COCONUT GROVE, FL 33133

Title: MGR ( ) Delete  
Name: JOSCHER, NANCY  
Address: 18811 LENAIRE DRIVE  
City-St-Zip: CUTLER BAY, FL 33157

Title: MGR ( ) Delete  
Name: LOWSON, WENDY  
Address: 18911 STERLING DRIVE  
City-St-Zip: CUTLER BAY, FL 33157

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: ELIETTE DISCH

MGR

04/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date