

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000005488

Entity Name: DUPOUX DESIGN L.L.C.

FILED
May 23, 2008
Secretary of State

Current Principal Place of Business:

179 NORTH SHORE DRIVE
404
MIAMI BEACH, FL 33141

New Principal Place of Business:

9 EAST 19TH STREET
7TH FLOOR
NEW YORK, NY 10003

Current Mailing Address:

179 NORTH SHORE DRIVE
404
MIAMI BEACH, FL 33141

New Mailing Address:

9 EAST 19TH STREET
7TH FLOOR
NEW YORK, NY 10003

FEI Number: 65-1092325 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PARALEGAL & ATTORNEY SERVICE BUREAU, INC.
1045 MERRITT DRIVE
TALLAHASSEE, FL 32301 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: MGRM () Delete
Name: DUPOUX, STEPHANE
Address: 179 NORTH SHORE DRIVE, #404
City-St-Zip: MIAMI BEACH, FL 33141

Title: MGR () Delete
Name: GABET, BERENGERE
Address: 179 NORTH SHORE DRIVE, #404
City-St-Zip: MIAMI BEACH, FL 33141

ADDITIONS/CHANGES:

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: STEPHANE DUPOUX

MGRM

05/23/2008

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