2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 29, 2009
Secretary of State

DOCUMENT# L01000005488

Entity Name: DUPOUX DESIGN L.L.C.

Current Principal Place of Business:

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

New Principal Place of Business:

179 NORTH SHORE DRIVE
#404
MIAMI BEACH, FL 33141

Current Mailing Address:

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

New Mailing Address:

179 NORTH SHORE DRIVE
#404
MIAMI BEACH, FL 33141

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 05/29/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date