2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED. Apr 10, 2007 08:00 A Secretary of State DOCUMENT # L01000011854 1. Entity Name EMMA ELIZABETH TRADING, LLC Principal Place of Business Mailing Address **528 HARDEE ROAD** 245 EAST 63RD STREET **CORAL GABLES FL 33146** NEW YORK NY 10021 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, otc. Suito, Apt #, otc. 1st MOORE CR2E083 (10/06) City & State City & State 4. FEI Number Applied For 65-1121770 Not Applicable Zip Country Country Zip \$5.00 Additional 5. Certificate of Status Desirod Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MURARO, ELIZABETH A Street Address (P.O. Box Number is Not Acceptable) **528 HARDEE ROAD** CORAL GABLES FL 33146 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, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1; 2007. 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE IIIŒ MGR ☐ Delete U00000696609 □ Change NAME MURARO, ELIZABETH NAME 04/18/07-80005-013 55.00 STREET ADDRESS 245 EAST 63RD STREET, APT 320 STREET ADDRESS CITY-SI-ZIP CITY - ST - ZIP NEW YORK NY 10021 HTU. ☐ Delete IJŢĹĬ ☐ Change ... Addition NAME NAME STREE! I ADDRESS STREET ADDRESS CITY-SI-7IP CITY-S1-7/P Change TITLE Delete MLF [] Addition NAMI. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Dolete THE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY - SI - ZIP CHY+SI-ZIP ☐ Defete TITE Change | ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-S1-ZIP ☐ Delele ши Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP

indicated on this report is true and accurate and that my signature shall have the same logal effect as if made under eath; 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.

11. I hereby cortify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information

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