

2002-2003
**LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

1062

DOCUMENT # LC 1000014176
 1. Entity Name
Des Charmants Chiens, LLC



FILED

03 MAY 14 PM 12:20

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
250 W. 24 St
 Suite, Apt. #, etc.
106
 City & State
Miami Beach FL
 Zip
33140 Country
Dade

3. Mailing Address
1825 Ponce de Leon Blvd.
 Suite, Apt. #, etc.
187
 City & State
Coral Gables, FL
 Zip
33134 Country
Dade

DO NOT WRITE IN THIS SPACE

4. FEI Number _____ Applied For _____
☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name
Jeffrey Sonn
 Street Address (P.O. Box Number is Not Acceptable)
100 SE Third Ave
Ste 1500
 City FT Lauderdale FL Zip Code 33394

**DO NOT WRITE
 IN THIS SPACE**

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 Jeffrey R. Sonn DATE 4/29/03
Signature, typed or printed name of registered agent and title if applicable.

FEE IS \$50.00
 Make Check Payable to Florida Department of State
 DUE BY MAY 1

600018948356
 04/03--01070--013 **50.00

| 2. MANAGING MEMBERS/MANAGERS | | | |
|--|---|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>Jeffrey Sonn MGRM</u> <u>100 SE Third Ave</u> <u>Ste 1500</u> <u>FT. Lauderdale, FL 33394</u> | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>302140910035</u> <u>05/12/02 90609 036</u> <u>\$50.00</u> |
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**DO NOT WRITE
 IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Jeffrey R. Sonn DATE 4/29/03 954-763-4700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083B (12/02)

202

Division of Corporations
POB 6478
Tallahassee, Fl 32314

To Whom It May Concern:

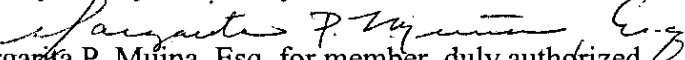
Last year on April 30th I sent the UBR with a check attached for \$50.00, for LLC Des Charmants Chiens, L.C. The check was deposited, received on time, and we thought all was well.

When we didn't receive this year's UBR form we went online and saw to our dismay that the company was not current. Upon speaking to your office we were told that letters were sent to us for missing information but, we never received anything, no letter, no form, no notification.

Due to this mishap (we did move and have had trouble with our mail) please reinstate the company without penalty as we had no notion of the missing information.

Enclosed are copies of last year's form, and check along with this year's form (properly filled out) and a check for \$50.00.

Thank you very much for your kind courtesies in this matter.


Margarita P. Muina, Esq, for member, duly authorized.