

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

08-24-2004 90046 022 \*\*\*\*50.00  
L02000006969

DOCUMENT # **L02000006969**

1. Entity Name

**Anne de France Ltd Co**



**FILED**

04 OCT 22 PM 4:02

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**MJM**

**24081279**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**159 Tavernier Tr.**

3. Mailing Address

**P.O. Box 9388**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**10/22**

City & State

**Tavernier, FL**

City & State

**Tavernier, FL**

4. FEI Number

Applied For

Not Applicable

Zip

**33070**

Country

Zip

**33070**

Country

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

7. Name and Address of Current Registered Agent

Name **SPIEGEL & UTRERA P.A.**

Street Address (P.O. Box Number Not Acceptable)

**1840 Southwest 22 St. 4th Floor**

City

**MIAMI**

FL

Zip Code

**33145**

**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

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State**

**DUE BY: MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME **DGR**  
STREET ADDRESS **Gourinat Jean Pierre**  
CITY-ST-ZIP **159 Tavernier Trail**  
**Tavernier, FL 33070**

TITLE NAME **DGR**  
STREET ADDRESS **Blanc, Annie Jeanne**  
CITY-ST-ZIP **(same address)**

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

CR2E083B (12/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **Annie Blanc** **07/31/2004**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #