

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 04, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000025474 1. Entity Name DESTINATION SOLEIL.COM LLC	
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Principal Place of Business 2550 ADAMS STREET HOLLYWOOD, FL 33020	Mailing Address 2550 ADAMS STREET HOLLYWOOD, FL 33020
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04292005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3884930	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent LAMOTHE, FERNAND 1401 DEWEY STREET HOLLYWOOD, FL 33020
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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. (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR YVONNE VIGNEAU COURAGE 491, 70E AVENUE, APT. #4 CHOMEDY LAVAL, QC H7V241,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SENECAL, MICHELE 10300 BOIS-DE-BOULOGNE, APT. #315 MONTRAL, QC H4N1L1,
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000361720 05/05/05-80085-022.150.00 DO NOT WRITE IN THIS SPACE
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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:  **Yvonne Courage** **April 29, 05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #