

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000003298

Entity Name: ESTHER'S PALACE, LLC

FILED
Jun 15, 2009
Secretary of State

Current Principal Place of Business:

1905 NE 123RD ST
MIAMI, FL 33181

New Principal Place of Business:

Current Mailing Address:

495 SOUTH SHORE DR.
MIAMI BEACH, FL 33141

New Mailing Address:

FEI Number: 02-0673439 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:

Name and Address of New Registered Agent:

BABANI, ROBERT
495 SOUTH SHORE DR.
MIAMI BEACH, FL 33141 US

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: BABANI, NORMA
Address: 495 SOUTH SHORE DR.
City-St-Zip: MIAMI BEACH, FL 33141

Title: MGRM () Delete
Name: BABANI, ROBERTO
Address: 495 SOUTH SHORE DR.
City-St-Zip: MIAMI BEACH, FL 33141

Title: MGRM () Delete
Name: BABANI, JOSE
Address: 495 SOUTH SHORE DR.
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:

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: ROBERT BABANI

MR

06/15/2009

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