

2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
May 19, 2006 8:00 am
Secretary of State

05-19-2006 90169 009 ****50.00

DOCUMENT # L03000005840

1. Entity Name
MICHELE B, LLC



Principal Place of Business
2597 NW 31ST ST.
BOCA RATON, FL 33434

Mailing Address
2597 NW 31ST ST.
BOCA RATON, FL 33434



04262006No Chg-LLC

CR2E083 (11/05)

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4. FEI Number

34-1975293

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HART, DAVID J
2597 NW 31ST ST.
BOCA RATON, FL 33434

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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, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
BISMUTH WEINERT, MICHELE
6 RUE DES PRIMEVERES
SEURAN, 93270 FRANCE,

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
BISMUTH, JACOB
6 RUE DES PRIMEVERES
SEURAN, 93270 FRANCE,

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

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

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

Date

Daytime Phone #