

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000024475**

1. Entity Name  
**YURMAN RETAIL FLORIDA, LLC**



Principal Place of Business  
**9700 COLLINS AVE  
STE 178/LOT 282  
BAL HARBOUR, FL 33154 US**

Mailing Address  
**24 VESTRY STREET  
11TH FLOOR  
NEW YORK, NY 10013 US**



04102008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**57-1179460**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS ST  
TALLAHASSEE, FL 32301-2525**

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

U000000914337  
05/08/08-80052-025 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	YURMAN, DAVID
STREET ADDRESS	24 VESTRY ST
CITY - ST - ZIP	NEW YORK, NY 10013
TITLE	P
NAME	YURMAN, SYBIL
STREET ADDRESS	24 VESTRY ST
CITY - ST - ZIP	NEW YORK, NY 10013
TITLE	CEO
NAME	BLUM, PAUL
STREET ADDRESS	24 VESTRY ST
CITY - ST - ZIP	NEW YORK, NY 10013
TITLE	VPF
NAME	VOGEL, SCOTT
STREET ADDRESS	24 VESTRY ST
CITY - ST - ZIP	NEW YORK, NY 10013
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
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:** *Scott Vogel* **VP/CFD**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**4/10/08 212-896-1564**