


2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

2005 MAY 16 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000045473 1. Entity Name BRICKELL DECO, LLC					
Principal Place of Business 520 BRICKELL KEY DRIVE SUITE O-305 MIAMI, FL 33131			Mailing Address 520 BRICKELL KEY DRIVE SUITE O-305 MIAMI, FL 33131		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
TRANSGLOBAL CORP ADMIN, LLC 520 BRICKELL KEY DRIVE SUITE O-305 MIAMI, FL 33131				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Amended AR is \$50.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AYACHE, ANOUK 520 BRICKELL KEY DRIVE SUITE O-305 MIAMI, FL 33131 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: 1.2em;"> 300054669483 05/17/05--01034--008 **50.00 </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AYACHE, YANNICK 520 BRICKELL KEY DRIVE SUITE O-305 MIAMI, FL 33131 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>ANOUK AYACHE</i> ANOUK AYACHE 04/13/05 (305)374.38.00					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					



04132005 Chg-LLC CR2E083 (10/03)

4. FEI Number **20-2254846** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required