

FILED
Jun 13, 2005 8:00 am
Secretary of State

04-29-2005 90055 019 ****50.00

2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000057655			
1. Entity Name DEZERBRAND FLORIDA, LLC			
Principal Place of Business 18001 COLLINS AVE. SUNNY ISLES BEACH, FL 33160		Mailing Address 18001 COLLINS AVE. SUNNY ISLES BEACH, FL 33160	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-2878129		Applied For Not Applicable	
5. Certificate of Status Desired ☐		5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SHEAR, DAVID 201 ALHAMBRA CIR. SUITE 601 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent 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 re-registering) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP GIL DEZER 18001 COLLINS AVE SUNNY ISLES BEACH FLA 33160 MGR		TITLE NAME STREET ADDRESS CITY- ST- ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP LESLIE DEZER SALMON 89 FIFTH AVE NEW YORK NY 10003 MGR		TITLE NAME STREET ADDRESS CITY- ST- ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP ESTEE DEZER 89 FIFTH AVE NEW YORK NY 10003 MGR		TITLE NAME STREET ADDRESS CITY- ST- ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP	
☐ Delete		☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>DAVID SHEAR</u> <u>LESLIE SALMON</u>		Date: <u>4/27/05</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

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5/25/05