

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000057655 1. Entity Name DEZERBRAND FLORIDA, LLC	
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Principal Place of Business 18001 COLLINS AVE. SUNNY ISLES BEACH, FL 33160	Mailing Address 18001 COLLINS AVE. SUNNY ISLES BEACH, FL 33160
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04232007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2878129	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SHEAR, DAVID 201 ALHAMBRA CIR. SUITE 601 CORAL GABLES, FL 33134
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**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

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEZER, GIL 18001 COLLINS AVE. SUNNY ISLES BEACH, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SALMON, LESLIE D 89 FIFTH AVE NEW YORK, NY 10003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEZERTZOV, ESTEE 89 FIFTH AVE NEW YORK, NY 10003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**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: Estee Dezertsov Estee DEZERTSOV 4/24/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #