2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 04, 2008
Secretary of State

DOCUMENT# L04000061024

Entity Name: SYLVIE USA, L.L.C.

Current Principal Place of Business:

4340 SHERIDAN STREET, 2ND FLOOR
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

4340 SHERIDAN STREET, 2ND FLOOR
HOLLYWOOD, FL 33021

New Mailing Address:

FEI Number: 20-1547005 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SERFATY, CHARLES S
4340 SHERIDAN STREET, 2ND FLOOR
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

SUREAU, OLIVIER
100 N BISCAYNE BLVD
SUITE 500
MIAMI, FL 33132 US

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.

SIGNATURE: OLIVIER SUREAU 08/04/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: BOHBOT, ALAIN
Address: 7 RUE PIERRE MARX, 77260 LA FERTE SOUS JOU
City-St-Zip: FRANCE,

Title: MGR ( ) Delete
Name: BOHBOT, SYLVIE
Address: 4340 SHERIDAN STREET, 2ND FLOOR
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ALAIN BOHBOT MGR 08/04/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date