

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000064507

Entity Name: REBECCA MINKOFF, LLC

FILED  
Apr 28, 2009  
Secretary of State

## Current Principal Place of Business:

404 EDGEWOOD AVENUE  
CLEARWATER, FL 33755

## New Principal Place of Business:

## Current Mailing Address:

404 EDGEWOOD AVENUE  
CLEARWATER, FL 33755

## New Mailing Address:

FEI Number: 47-0945140

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MINKOFF, URI Y  
404 EDGEWOOD AVENUE  
CLEARWATER, FL 33755 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: MINKOFF, DAVID  
Address: 3949 LOS FELIZ BLVD. #311  
City-St-Zip: LOS ANGELES, CA 90027

Title: MGRM ( ) Delete  
Name: MINKOFF HOLDINGS  
Address: 404 EDGEWOOD AVENUE  
City-St-Zip: CLEARWATER, FL 33755

Title: MGRM ( ) Delete  
Name: MINKOFF, REBECCA  
Address: 404 EDGEWOOD AVE.  
City-St-Zip: CLEARWATER, FL 33755

Title: MGRM ( ) Delete  
Name: MINKOFF, URI  
Address: 404 EDGEWOOD AVE.  
City-St-Zip: CLEARWATER, FL 33755

Title: MGRM ( ) Delete  
Name: YEHUDA LP  
Address: 404 EDGEWOOD AVE.  
City-St-Zip: CLEARWATER, FL 33755

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: MINKOFF, DAVID  
Address: 700 NORTH OSCEOLA  
City-St-Zip: CLEARWATER, FL 33755

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

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

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: URI MINKOFF

MGRM

04/28/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date