

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000072153

FILED  
Feb 24, 2009  
Secretary of State

Entity Name: LABELS ONLINE, LLC

**Current Principal Place of Business:**

16300 NE 19TH AVENUE  
SUITE 212  
NORTH MIAMI BEACH, FL 33162

**New Principal Place of Business:**

**Current Mailing Address:**

16300 NE 19TH AVENUE  
SUITE 212  
NORTH MIAMI BEACH, FL 33162

**New Mailing Address:**

FEI Number: 84-1659208      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COHEN, MICHEL  
16300 NE 19TH AVENUE  
SITE 212  
NORTH MIAMI BEACH, FL 33162 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: MGR      ( ) Delete  
Name: GOLDBERG, ABRAHAM  
Address: 16300 NE 19TH AVENUE, STE 212  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: MGR      ( ) Delete  
Name: COHEN, MICHEL  
Address: 16300 NE 19TH AVENUE, STE 212  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: MGR      ( ) Delete  
Name: COHEN, RAFAEL  
Address: 16300 NE 19TH AVENUE, STE 212  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: MGR      ( ) Delete  
Name: COHEN, CAROLA  
Address: 16300 NE 19TH AVENUE, STE 212  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

**ADDITIONS/CHANGES:**

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: RAFAEL COHEN

MGR

02/24/2009

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