

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000080528

**Entity Name:** SPOILED BOUTIQUE, LLC.

**FILED**  
**Feb 01, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

6240 CORAL RIDGE DR.  
SUITE 108  
CORAL SPRINGS, FL 33076 US

**New Principal Place of Business:**

**Current Mailing Address:**

4101 E LAKE ESTATE DR  
DAVIE, FL 33328 US

**New Mailing Address:**

**FEI Number:** 20-1846822

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COHEN, RINA  
4101 E LAKE ESTATE DR  
DAVIE, FL 33328 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  
**Name:** COHEN, RINA  
**Address:** 4101 E LAKE ESTATE DR  
**City-St-Zip:** DAVIE, FL 33328 US

**Title:** MGRM  
**Name:** COHEN, RONI  
**Address:** 4101 E LAKE ESTATE DR  
**City-St-Zip:** DAVIE, FL 33328 US

I hereby 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:** RINA COHEN

OWNE

02/01/2011

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