

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000031151

FILED
Jan 06, 2009
Secretary of State

Entity Name: DUTY FREE AMERICAS MIAMI, LLC

Current Principal Place of Business:

6100 HOLLYWOOD BLVD., 7TH FLOOR
HOLLYWOOD, FL 33024

New Principal Place of Business:

Current Mailing Address:

6100 HOLLYWOOD BLVD., 7TH FLOOR
HOLLYWOOD, FL 33024

New Mailing Address:

FEI Number: 65-1247250

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TANEY, DAVID
6100 HOLLYWOOD BLVD., 7TH FLOOR
HOLLYWOOD, FL 33024 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: DUTY FREE AMERICAS A, IRPORTS, INC.
Address: 6100 HOLLYWOOD BLVD
City-St-Zip: HOLLYWOOD, FL 33024

Title: COO () Delete
Name: FALIC, SIMON
Address: 6100 HOLLYWOOD BLVD 7TH FLOOR
City-St-Zip: HOLLYWOOD, FL 33024 US

Title: CFO () Delete
Name: MCCLOSKEY, TIMOTHY P
Address: 6100 HOLLYWOOD BLVD 7TH FLOOR
City-St-Zip: HOLLYWOOD, FL 33024 US

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:

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: TIMOTHY P MCCLOSKEY

CFO

01/06/2009

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