

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000032136

Entity Name: MATRICE OF FLORIDA, LLC

FILED  
Apr 23, 2009  
Secretary of State

**Current Principal Place of Business:**

1006 MARLEY DRIVE  
HAINES CITY, FL 33844

**New Principal Place of Business:**

**Current Mailing Address:**

1006 MARLEY DRIVE  
HAINES CITY, FL 33844

**New Mailing Address:**

FEI Number: 20-2804336

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SITTERSON, CURTIS H  
2200 MUSEUM TOWER  
150 WEST FLAGLER STREET  
MIAMI, FL 33130 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: P ( ) Delete  
Name: MINGUEZ, PATRICE  
Address: 1006 NURFAY DR  
City-St-Zip: HAINES CITY, FL 33844

Title: VP ( ) Delete  
Name: ALLEGNE, MARC  
Address: 1006 NURGAY DR  
City-St-Zip: HAINES CITY, FL 33844

**ADDITIONS/CHANGES:**

Title: P (X) Change ( ) Addition  
Name: MINGUEZ, PATRICE  
Address: 1006 MARLEY DR  
City-St-Zip: HAINES CITY, FL 33844

Title: VP (X) Change ( ) Addition  
Name: ALLEGNE, MARC  
Address: 1006 MARLEY DR  
City-St-Zip: HAINES CITY, FL 33844

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: PHILIPPE AUGÉ

CFO

04/23/2009

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