

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000038573

FILED
Jan 10, 2007
Secretary of State

Entity Name: LAISSEZ-FAIRE DANCE REPERTOIRE, LLC

Current Principal Place of Business:

2125 N.E. 121 STREET
NORTH MIAMI, FL 33181

New Principal Place of Business:

Current Mailing Address:

2125 N.E. 121 STREET
NORTH MIAMI, FL 33181

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DOUTHIT, MURRAY & PIERRE, P.A.
550 N.E. 124TH STREET
NORTH MIAMI, FL 33161 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: PRES () Delete
Name: PIERRE, BERNADETTE
Address: 2125 N.E. 121 STREET
City-St-Zip: NORTH MIAMI, FL 33181

Title: VP () Delete
Name: TOUSSAINT, MAX
Address: 460 N.W. 108 STREET
City-St-Zip: MIAMI, FL 33168

Title: TREA () Delete
Name: PIERRE, BERNADETTE
Address: 2125 N.E. 121 STREET
City-St-Zip: NORTH MIAMI, FL 33181

Title: SEC () Delete
Name: FILS-AIME, CINDY
Address: 16220 NW 2ND AVE, APT 510
City-St-Zip: MIAMI, FL 33169

ADDITIONS/CHANGES:

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

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I hereby certify that the information supplied with this filing does not qualify for the 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: BERNADETTE PIERRE PRES 01/10/2007

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