

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000056158

Entity Name: BAUFFE DESIGN, LLC

FILED
Jan 15, 2009
Secretary of State

Current Principal Place of Business:

3250 N PALM AIRE DRIVE
UNIT 210
POMPANO BEACH, FL 33069 US

New Principal Place of Business:

Current Mailing Address:

3250 N PALM AIRE DRIVE
UNIT 210
POMPANO BEACH, FL 33069 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

EMA, CHRISTOPHER J
2600 NE 14TH STREET CAUSEWAY
POMPANO BEACH, FL 33062 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: BAUFFE, ALAIN-PAUL M
Address: 3250 N PALM AIRE DRIVE UNIT 210
City-St-Zip: POMPANO BEACH, FL 33069

Title: MGRN () Delete
Name: ROY, MICHAEL
Address: 3250 NORHT PALM AIRE DRIVE, UNIT 210
City-St-Zip: POMPANO BEACH, FL 33069 FL

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BAUFFE, ALAIN-PAUL M MICHAEL
Address: 3250 N PALM AIRE DRIVE UNIT 210
City-St-Zip: POMPANO BEACH, FL 33069

Title: MGRN (X) Change () Addition
Name: ROY, MICHAEL M MICHAEL
Address: 3250 NORHT PALM AIRE DRIVE, UNIT 210
City-St-Zip: POMPANO BEACH, FL 33069 FL

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: MICHAEL ROY

MGRM

01/15/2009

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