


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90374 028 ****55.00

DOCUMENT # L05000072609	
1. Entity Name SIMONIQUE, LLC	

Principal Place of Business 6635 WEST COMMERCIAL BLVD., SUITE 114 TAMARAC, FL 33319	Mailing Address 6635 WEST COMMERCIAL BLVD., SUITE 114 TAMARAC, FL 33319
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60038973



2. Principal Place of Business - No P.O. Box # 9327 NW 9 Place	3. Mailing Address 9327 N.W. 9 Place
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04202007 Chg-LLC CR2E083 (12/06)

City & State Plantation, FL	City & State Plantation, FL
Zip 33324	Zip 33324
Country Broward	Country Broward

4. FEI Number 20-3429293	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent BENSAADON, SIMON 6635 WEST COMMERCIAL BLVD., SUITE 114 TAMARAC, FL 33319	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BENSAADON, SIMON 6635 WEST COMMERCIAL BLVD., SUITE 114 TAMARAC, FL 33319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9327 NW 9 Place Plantation, FL 33324
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BENSAADON, MONIQUE 6635 WEST COMMERCIAL BLVD., SUITE 114 TAMARAC, FL 33319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9327 NW 9 Place Plantation, FL 33324
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #