

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000109484

FILED
Nov 16, 2006
Secretary of State

Entity Name: LA FEMME ENTERPRISES USA, LLC

Current Principal Place of Business:

P.O. BOX 472201
MIAMI, FL 33147

New Principal Place of Business:

580 NW 183RD ST.
MIAMI, FL 33169 US

Current Mailing Address:

P.O. BOX 472201
MIAMI, FL 33147 US

New Mailing Address:

580 NW 183RD ST.
MIAMI, FL 33169 US

FEI Number: 76-0803043 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HARRELL, PATRICIA A
2418 NW 81ST TERRACE
APT# B
MIAMI, FL 33147 US

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: PATRICIA A HARRELL

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HARRELL, PATRICIA A
Address: 2418 NW 81 TERRACE=APT. B
City-St-Zip: MIAMI, FL 33147 US

Title: MGRM (X) Delete
Name: MARKS, CANTRICE
Address: 7520 N.W. 4TH AVENUE
City-St-Zip: MIAMI, FL 33150 US

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: HARRELL, PATRICIA A
Address: 2418 NW 81 TERRACE=APT. B
City-St-Zip: MIAMI, FL 33147 US

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

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: PATRICIA A HARRELL

P

11/16/2006

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