


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90038 007 ***138.75

DOCUMENT # L05000111687 1. Entity Name LA CUISINE INTERIORS, LLC					
Principal Place of Business 3518 S. DIXIE HWY WEST PALM BEACH, FL 33405			Mailing Address 3518 S. DIXIE HIGHWAY WEST PALM BEACH, FL 33405		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 343 MONROE DR. Suite, Apt. #, etc.			
City & State WEST PALM BEACH FL		City & State WEST PALM BEACH FL		4. FEI Number 20-3825157	
Zip 33405		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent VARGAS, MARIA SUSANA 12495 QUERCUS LANE WEST PALM BEACH, FL 33414-4111				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VARGAS, MARIA SUSANA 12495 QUERCUS LANE WEST PALM BEACH, FL 33414			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VARGAS, ENRIQUE LIBERATED ESQUINA, RAFAEL PENA SANTA CRUZ, BOLIVIA,			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VARGAS, RAMIRO LIBERATED ESQUINA, RAFAEL PENA SANTA CRUZ, BOLIVIA,			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VARGAS, ALEJANDRO LIBERATED ESQUINA, RAFAEL PENA SANTA CRUZ, BOLIVIA,			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VARGAS, GONZALO LIBERATED ESQUINA, RAFAEL PENA SANTA CRUZ, BOLIVIA,			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VARGAS, GONZALO LIBERATED ESQUINA, RAFAEL PENA SANTA CRUZ, BOLIVIA,			<input type="checkbox"/> Delete	<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 <u>Maria S. Vargas</u> 2-18-08 5616559550 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

60009870



02192008 Chg-LLC CR2E083 (12/06)

Applied For
Not Applicable

FL Zip Code