

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000111687

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: LA CUISINE INTERIORS, LLC

## Current Principal Place of Business:

3518 S. DIXIE HWY  
WEST PALM BEACH, FL 33405

## New Principal Place of Business:

4415 GEORIGA AVE  
WEST PALM BEACH, FL 33405

## Current Mailing Address:

343 MONNOE DR.  
WEST PALM BEACH, FL 33405

## New Mailing Address:

4415 GEORGIA AVE  
WEST PALM BEACH, FL 33405

FEI Number: 20-3825157

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VARGAS, MARIA SUSANA  
12495 QUERCUS LANE  
WEST PALM BEACH, FL 334144111 US

## Name and Address of New Registered Agent:

VARGAS, MARIA SUSANA  
12495 QUERCES LANE  
WELLINGTON, FL 33414 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: MARIA SUSANA VARGAS

04/30/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: VARGAS, MARIA SUSANA  
Address: 12495 QUERCUS LANE  
City-St-Zip: WEST PALM BEACH, FL 33414

Title: MGR ( ) Delete  
Name: VARGAS, ENRIQUE  
Address: LIBERATED ESQUINA, RAFAEL PENA  
City-St-Zip: SANTA CRUZ, BOLIVIA,

Title: MGR ( ) Delete  
Name: VARGAS, RAMIRO  
Address: LIBERATED ESQUINA, RAFAEL PENA  
City-St-Zip: SANTA CRUZ, BOLIVIA,

Title: MGR ( ) Delete  
Name: VARGAS, ALEJANDRO  
Address: LIBERATED ESQUINA, RAFAEL PENA  
City-St-Zip: SANTA CRUZ, BOLIVIA,

Title: MGR ( ) Delete  
Name: VARGAS, GONZALO  
Address: LIBERATED ESQUINA, RAFAEL PENA  
City-St-Zip: SANTA CRUZ, BOLIVIA,

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: VARGAS, MARIA SUSANA  
Address: 12495 QUERCES LANE  
City-St-Zip: WELLINGTON, FL 33414

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

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

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

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

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: MARIA SUSANA VARGAS

CEO

04/30/2009

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