08/16/2007 14:57 6316518832 EDWARD K

FILED
Aug 20, 2007 8:00 am
Secretary of State
08-20-2007 90182 046 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000123132

1. Entity Name
IRIS MORE DESIGNS LLC

Principal Place of Business
19275 Biscayne Blvd.
Aventura, FL. 33180

Mailing Address
1250 EAST HALLANDALE BEACH BLVD.
SUITE 706
HALLANDALE, FL 33009 US

60054903

2. Principal Place of Business - No P.O. Box #
19275 BISCAYNE BLVD
Suite, Apt. #, etc.
City & State
AVENTURA FL
Zip 33180 Country US

3. Mailing Address
1250 E. HALLANDALE BEACH BLVD
Suite, Apt. #, etc.
SUITE # 706
City & State
HALLANDALE FL
Zip 33009 Country

08162007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-4066855 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
KAHN, DONALD J
317 71ST STREET
MIAMI BEACH, FL 33141

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 September 14, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	☐ Delete
NAME	MORE, JOSEPH	
STREET ADDRESS	1250 EAST HALLANDALE BEACH BLVD., STE. 706	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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] JOSEPH MORE 8/19/07 954-455-5353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #