

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90136 034 ***138.75

DOCUMENT # L06000003189



1. Entity Name
LA MAISON DU SUD, L.L.C.

Principal Place of Business
1350 COLLINS AVE.
MIAMI BCH, FL 33139

Mailing Address
1350 COLLINS AVE.
MIAMI BCH, FL 33139

DO NOT WRITE IN THIS SPACE

01162008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-4070138

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JADE ASSOCIATES MIAMI, INC
100 NORTH BISCAYNE BLVD
SUITE 500
MIAMI, FL 33132

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IN THIS SPACE**

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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
TRABELSI, AUDREY
1350 COLLINS AVE.
MIAMI BCH, FL 33139

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

02/04/08 305 8016371
Date Daytime Phone #