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Mar 09, 2007 8:00 am
Secretary of State

02-07-2007 90113 032 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000007589

1. Entity Name
APPEARANCE, LLC

Principal Place of Business	Mailing Address
11119 BLUE CORAL DRIVE BOCA RATON, FL 33498	11119 BLUE CORAL DRIVE BOCA RATON, FL 33498

01242007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
10384 MILBURN LANE	10384 MILBURN LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BOCA RATON FL	City & State: BOCA RATON FL
Zip: 33498 Country: USA	Zip: 33498 Country: USA

4. FEI Number 20-4161336 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HALIMI, BRUNO 11119 BLUE CORAL DRIVE BOCA RATON, FL 33498	Name: HALIMI BRUNO Street Address (P.O. Box Number is Not Acceptable): 10384 MILBURN LANE City: BOCA RATON FL Zip Code: 33498

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] Bruno halimi 01/24/07
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 May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MGR NAME: HALIMI, BRUNO STREET ADDRESS: 11119 BLUE CORAL DRIVE CITY-ST-ZIP: BOCA RATON, FL 33498	☐ Delete	TITLE: MGR NAME: HALIMI, BRUNO STREET ADDRESS: 10384 MILBURN LANE CITY-ST-ZIP: BOCA RATON FL 33498	☒ Change ☐ Addition
TITLE: MGR NAME: HALIMI, JEAN-CLAUDE STREET ADDRESS: 11119 BLUE CORAL DRIVE CITY-ST-ZIP: BOCA RATON, FL 33498	☐ Delete	TITLE: MGR NAME: HALIMI, JEAN-CLAUDE STREET ADDRESS: 10384 MILBURN LANE CITY-ST-ZIP: BOCA RATON FL 33498	☒ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: [signature] Bruno halimi 01/24/07 561 674 3335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #